

**CFS International Travel and Expatriate Insurance Program
SSQ Insurance Company Inc., Policy #1P410**

Benefit Plan Design Summary

The following is intended to summarize our interpretation of the major benefit provisions, and is not intended to be representative of any insurance carrier's master policy provisions. All eligible benefits will be payable in accordance with the terms and conditions, exclusions and limitations contained in the contract at the time expenses are incurred.

GENERAL						
Renewal Date	November 1 st					
Policyholder	Conte Financial Services Inc.					
Eligibility	<i>Insured:</i> who is Canadian or Non-Canadian (Third Country National) and whose place of permanent posting is outside the country or countries for which he holds a valid passport; <i>Spouse:</i> must reside with the Insured Member <i>Dependent Child:</i> must reside with the Insured Member, be under 21 years of age or under 26 years of age if a full time student					
Insured Member Type	<i>Short Term/International Traveler:</i> up to 60 days <i>Expatriate:</i> 60 days or more					
BENEFIT OPTION CLASSIFICATION (refer to your Employer for your benefit option)						
Benefit Option (as chosen by employer)	Life	AD&D	STD	LTD	Health (incl. emergency medical)	Dental
1	n/a	by Class	n/a	n/a	Yes	n/a
2	Yes	by Class	Yes	Yes	Yes	Yes
3	Yes	by Class	Yes	Yes	Yes	No
4	No	by Class	Yes	Yes	Yes	Yes
5	Yes	by Class	No	Yes	Yes	Yes
6	No	by Class	Yes	Yes	Yes	No
7	Yes	by Class	No	Yes	Yes	No
8	No	by Class	No	Yes	Yes	Yes
9	No	by Class	No	Yes	Yes	No
BASIC LIFE—Natural Causes Only—If chosen by your Employer						
Benefit Amount	<i>Insured Member:</i> 200% of annual earnings <i>Spouse:</i> \$20,000 (if family coverage) <i>Each Child:</i> \$10,000 (if family coverage)					
Overall Maximum	\$300,000					
Waiver of Premium	Yes					
Other Benefits	Education Benefit / Day-Care / Occupational Training / Identification					
Termination of coverage	Age 70					

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ACCIDENTAL DEATH & DISMEMBERMENT—War Risk and Terrorism Included	
Benefit Amount	Class 1: \$250,000 Class 2: \$350,000 Class 3: \$50,000 Class 4: \$500,000 Spouse: \$20,000 (if family coverage) Each Child: \$10,000 (if family coverage)
Aggregate Limit	For all losses arising out of any one accident is \$5,000,000 (applicable to Specific Loss Accident Indemnity, Child Enhancement and Permanent Total Disability)
Other Benefits	Education / Day-Care / Rehabilitation / Workplace Modification and Accommodation / Occupational Training / Child Enhancement / Permanent Total Disability / Identification / Common Disaster / Seat Belt / Home Alteration and Vehicle Modification / Hospital Indemnity / Aircraft Coverage / Exposure and Disappearance
Termination of coverage	Age 70
WEEKLY INDEMNITY BENEFIT—War Risk and Terrorism Included—Grandfathered groups only	
Benefit Formula	60% of gross weekly income
Weekly Maximum	\$2,500 per week
Elimination Period	15 days
Maximum Benefit Period	90 days
Termination of coverage	Age 70
MONTHLY INDEMNITY BENEFIT—War Risk and Terrorism Included—For Expatriate Only	
Benefit Formula	60% of gross monthly income
Monthly Maximum	\$10,000 per month
Elimination Period	90 days
Maximum Benefit Period	To age 65
Definition of Total Disability	24 month own occupation
Termination of coverage	Age 65

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EXTENDED HEALTH CARE—War Risk and Terrorism Included	
Maximum Benefit	\$1,000,000 per injury, sickness, or disease
Deductible	None
Reimbursement Level	100%
Hospital	For charges, room and board, up to and including private accommodation. For charges for out-patient services when medically necessary.
Private Duty Nursing	\$15,000 per accident, sickness or disease.
Drugs	Prescription drugs, sera and vaccines obtainable by prescription only. Excludes charges for the administration of injectable drugs, sera and vaccines. Subject to a dispensing maximum of a 6 month supply.
Professional Services	Physiotherapist: \$1,500 per calendar year. Chiropractor, Osteopath, Chiropodist/Podiatrist, Licensed Masseur (on the recommendation of a Physician), Speech Therapist, Licensed Psychologist: \$500 per practitioner per calendar year. Diagnostic x-rays and laboratory tests ordered by Chiropractor, Osteopath, Chiropodist to maximum of 1 x-ray per practitioner per calendar year.
Ambulance	\$1,500 per accident, sickness or disease
Medical Services and Equipment	<ul style="list-style-type: none"> ▪ Blood plasma (including administration) ▪ X-rays and laboratory exams required for diagnostic purposes ▪ Artificial limbs, eyes or other prosthetic appliances to maximum of \$3,000 per calendar year ▪ Rental or purchase of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints) or orthopedic shoes if part of a brace (limit to \$150 per pair to maximum of 1 pair per calendar year) including any fee for designing, constructing, fitting or applying to maximum of \$3,000 for all expenses per calendar year ▪ Rental of wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, to maximum of \$7,500 per accident, sickness or disease ▪ Expenses for medical care and treatment rendered or surgical procedure ▪ Expenses for the services of a licensed anaesthetist when recommended by a physician ▪ Contraceptives ▪ Expenses for membership and/or access fees charged by medical clinics ▪ Annual health exam to maximum of \$250 ▪ Well-baby care for 6 months after birth ▪ Administration of vaccines, anti-toxins, injections for immunizing against disease or poisons, to maximum of \$125 per calendar year ▪ Eye exam, 1 per 2 calendar years

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Within 30 days of departure for permanent posting	<ul style="list-style-type: none"> ▪ Medical care and treatment, including a general exam, to maximum of \$250 ▪ Prescription drugs, sera and vaccines obtainable by prescription only. Excludes charges for the administration of injectable drugs, sera and vaccines. Subject to a dispensing maximum of a 6 month supply.
Evacuation Benefit	<ul style="list-style-type: none"> ▪ Transportation of the Insured Person to the nearest Hospital that is equipped to provide the required treatment ▪ Transportation to the Insured Person's permanent place of posting or country of citizenship for further treatment or to recover, if necessary and approved ▪ Expenses incurred by a medical attendant or 1 immediate family member, who accompanied the Insured Person, for round trip Airfare plus Accommodation and board to a maximum amount of \$3,000 ▪ Total maximum payable not to exceed \$500,000 for any one Accident, Sickness or Disease
Family Transportation and Accommodation Benefit	<ul style="list-style-type: none"> ▪ In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or the Insured Person is confined as an inpatient in a Hospital for at least 4 consecutive days, and was travelling unaccompanied at the time; <ul style="list-style-type: none"> ○ Expenses incurred by an Immediate Family member or representative for board, accommodation and transportation to the bedside of the Insured Person ○ Reimbursement for transportation expense is limited to 75% of the cost of 1 return Fare ○ Total maximum payable will not exceed \$10,000 as a result of any 1 Accident, Sickness or Disease
Other Benefits	Accidental Dental Treatment / Emergency Treatment / Repatriation / Emergency Air Transportation / Rental / Hotel Convalescence / Maternity
Termination of coverage	Age 70

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EMERGENCY MEDICAL ASSISTANCE (AXA Assistance Inc.)—War Risk and Terrorism Included	
Maximum Benefit	\$500,000 per evacuation
Services	<ul style="list-style-type: none"> ▪ Referrals to physicians and health facilities. ▪ Dispatch, if permissible by local laws, of replacement medication if lost, stolen or depleted ▪ Medical monitoring and evaluation during treatment and ongoing updates to family and/or employer. ▪ Arrangements for medical evacuation to the nearest facility capable of providing the required care. ▪ Special assistance on medically supervised emergency transportation. ▪ Handling arrangements in the event of the Member's death. ▪ Emergency message transmission between the Member and his family and/or employer. ▪ Assistance in replacing travel documents while travelling, i.e., passports, credit cards. ▪ Contact information for embassies and consulates worldwide. ▪ Arrangements for an initial legal consultation if the Member experiences a civil or criminal problem in a foreign country. ▪ Emergency telephone translation services or referrals to interpreter services. ▪ Assistance in making travel arrangements for a family member chosen by the Member to join the Member at the place where the Member is hospitalized. ▪ Return to home travel arrangements for dependent children who are left unattended. ▪ Assistance in replacing tickets, identification papers or other official documents in the event of loss, theft or early return. ▪ Pre-trip information such as information on passports, visas, required vaccinations and any restrictions that apply to each country the Member is visiting. ▪ Assistance in finding lost or stolen luggage.

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DENTAL CARE—War Risk and Terrorism Included—If chosen by your Employer	
Maximum Benefit	\$3,000 per year
Deductible	None
Reimbursement Level	Basic: 100% Major: 50%
Procedures and materials	<p><u>Basic</u></p> <ul style="list-style-type: none"> ▪ Treatment of pain ▪ Routine exams and diagnosis: a) 1 complete exam every 24 months, b) 1 recall exam every 6 months, c) specific or emergency exams limited to 4 in any 12 month period ▪ Dental x-rays (full mouth x-rays or panorex x-rays are limited to 1 set in any 24 month period and bitewing x-rays are limited to 1 set during any 6 month period) ▪ Scaling and cleaning plus topical fluoride treatment and other anti-cariogenic substances limited to 1 treatment in any 6 month period ▪ Silicate, acrylic, composite and amalgam for anterior fillings and amalgam only for posterior fillings and preformed stainless steel crowns ▪ Extractions and oral surgical procedures, including the administration of general anesthesia ▪ Initial provisions and installation of space maintainers for children under 18 years of age ▪ Consultation where required and upon referral by dentist or physician ▪ Oral hygiene instruction for brushing, massaging and flossing limited to 1 adult per family, lifetime ▪ Periodontal services for treatment of diseases of the gums and other supporting tissues of the teeth ▪ Endodontics (root canal therapy) <p><u>Major</u></p> <ul style="list-style-type: none"> ▪ Repair and recementing of crowns, inlays, bridges and dentures or relining of dentures, once in any 12 month period
Termination of coverage	Age 70