SSQ Financial Group

Values in the right place

POLICY N^{O} 1PA50

OVERSEAS AND EXPATRIATE INSURANCE PROGRAM

For Members of :

CARE CANADA

This Booklet/Certificate is an important document.
Please keep it in a safe place.

This booklet is an outline of SSQ Insurance Company Inc.'s Overseas and Expatriate insurance program offered to Memebers of the Policyholder. It is designed to help you learn more about the coverage offered under this insurance program. This booklet should be kept for future reference.

The Overseas and Expatriate #1PA50 group insurance program's Master Application, endorsements and attached papers, if any, and the entire contract of insurance, all referred to hereafter as the "Policy", set forth the terms and conditions of the insurance program. All rights and obligations are determined in accordance with the Policy, not this booklet. For exact provisions of coverage offered, please contact your Human Resources department.

SPECIFIC PROVISIONS

1. Name of Policyholder:

CARE CANADA

2. Description of Eligible Persons:

All active full-time Members, Consultants, Directors, Interns and Volunteers who are:

a) Canadians or Non-Canadians (third Country Nationals);
b) Employed or contracted by CARE CANADA or associated with CARE CANADA including but not limited to other Canadian companies such as non-profit organizations and/or government agencies;
c) Under the age of seventy (70),
d) Whose place of primary posting is outside the country or countries for which he is a citizen or holds a valid passport;
e) Local Nationals that have a dual citizenship and hold a valid Canadian passport; and /or pre-approved by SSQ Insurance Company Inc.,
f) Whose names are on file with the Policyholder.

The following classes of persons are eligible:

Class I: All Expatriate Members whose posting is under six (6) months and who enrol in either the Single Plan or Family Plan.

Class II: All Expatriate Members whose posting is in excess of six (6) months and who enrol in either the Single Plan or Family Plan.

Class III: Supplemental (Short Term Travel; under sixty (60) days)

A Dependent Child can only be included in one (1) Member and Family Plan. In the event that more than one (1) Member is eligible to enrol in the Member and Family Plan with respect to the same Dependent Child such Members must elect under whose plan such Dependent Child will be included.

Only one (1) Member and Family Plan per family is available. In the event a Member and his/her Spouse are both Members of the Policyholder, those Members must elect to be covered either under one (1) Member and Family Plan or two Member Only Plans if there is no Dependent Child to be covered.

"Single Plan" means a plan which provides insurance to the Member only.

"Family Plan" means a plan which provides insurance to the Member and his/her eligible Spouse and/or eligible Dependent Children.

"Spouse" means an individual under the age of seventy (70) residing with the Insured Member and:
a) to whom the Insured Member is legally married, or
b) with whom the Insured Member has continuously cohabited in a conjugal relationship for a minimum of 1 year immediately before a loss is incurred under the policy.
Only one (1) individual will qualify as a spouse.

"Dependent Child" means a natural child, adopted child, stepchild or child who is in a parent-child relationship with the Insured Member. The child is an expatriate residing with the expatriate Member, may be either eligible or ineligible under both a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plans solely by reason of losing permanent resident status, unmarried, dependent upon the Insured Member for maintenance and support and:
a) under twenty-one (21) years of age; or
b) under twenty-six (26) years of age and in attendance at an Institution for Higher Learning on a full-time basis; or
c) by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon the Insured Member for support within the terms of the Income Tax Act.

The Dependent Child will be covered from birth provided such child is born alive.

"Institution for Higher Learning" is limited to universities, colleges, CEGEP's and trade schools.

3. Coverage (Per Insured Person):

With respect to Class I - (All Expatriate Members whose posting is under 6 months and who enrol in either the Single Plan or Family Plan) (excludes Maternity Benefit):

- Medical Coverage (excluding maternity expense)
- Monthly Indemnity benefit
- Accidental Death and Dismemberment

  Amount of Principal Sum
  Member $250,000
  Spouse $20,000
  Each Dependent Child $10,000

With respect to Class II – (All Expatriate Members whose posting is in excess of 6 months and who enrol in either the Single Plan or Family Plan):
:

- Medical Coverage
- Dental Coverage
- Monthly Indemnity benefit
- Life Insurance (natural causes only)

  Amount of Principal Sum
  Member ...... Two times annual earnings
  rounded to the next $1000
  if not already the case
  Maximum amount $300,000
  Spouse $20,000
  Each Dependent Child $10,000

- Accidental Death and Dismemberment

  Amount of Principal Sum
  Member $250,000
  Spouse $20,000
  Each Dependent Child $10,000

With respect to Class III – (Supplemental: Short Term Travel (excludes Maternity Benefit):
- Medical Coverage
- Accidental Death and Dismemberment
  Amount of Principal Sum
  Member $250,000

Description of Coverage

Policy A: Life Insurance Benefit

Life Insurance includes
- Education
- Day Care
- Occupational training
- Identification

Two times Annual earnings*, adjusted to the next higher $1,000 if not already a multiple thereof, subject to a maximum of $ 300,000.

*"Annual earnings" means the annual rate of wage or salary (exclusive of bonuses, commissions and overtime earnings) the Member was receiving from the Policyholder.

Note: Natural causes only are covered

Policy B: Accidental Death & Dismemberment Benefit

Accidental Death & Dismemberment
Loss of Speech and/or Hearing
Paralysis & Loss of Use
Workplace modification and Accommodation
Education
Day-Care
Rehabilitation
Workplace Modification and Accommodation
Occupational Training
Child Enhancement
Permanent Total Disability
Identification
Common Disaster
Seat Belt
Home Alteration/Vehicle Modification
Hospital Indemnity
Aircraft coverage
Exposure and Disappearance

Note: War risk and terrorism covered

Policy C: Monthly Indemnity Benefit

Indemnity 60% of gross monthly income rounded to the highest dollar,
if not already

Maximum Indemnity $10,000 per month

Elimination Period Accident 90 days

Elimination Period Sickness 90 days

Maximum Period Payable as per Schedule

Note: War risk and terrorism covered

Policy D: Medical Insurance Benefit

Medical Coverage

Medical Reimbursement Expense	$ 1,000,000
Accidental Dental Treatment	$3,000
Evacuation	$500,000
Emergency Treatment	Included
Repatriation	$ 100,000
Emergency Air Transportation	$10,000
Family Transportation &Accommodation	$ 10,000
Rental Expense	$ 200
Hotel Convalescence	$ 1,000
Coinsurance: Medical Reimbursement Benefit	100%
Deductible	NIL

Dental Coverage

Basic Dental	Coinsurance : 100%
Major Restorative	Coinsurance : 50%
Deductible	Nil

Aggregate Limit: $1,000,000

Note: War risk and terrorism covered

4. Maximum Limit of Indemnity

With respect to Medical Benefit

The combined maximum for all expenses incurred for any one (1) Accident, Sickness or Disease under:

Medical Reimbursement Expense Benefit
Accidental Dental Treatment Benefit
Emergency Treatment Benefit
Maternity Expenses Benefit

$1,000,000

With respect to Dental Benefit

The combined maximum for all expenses incurred in one (1) calendar year for any one individual combined for Basic and Major:

$3,000

With respect to Accidental Death and Dismemberment

The aggregate limit of indemnity for all losses arising out of any one (1) Accident, for which coverage is provided hereunder, is

$5,000,000

This limit only applies to losses payable under the following sections:

Specific Loss Accident Indemnity
Child Enhancement Benefit
Permanent Total Disability Indemnity

5. Effective Date of Individual Insurance:

Insurance as to each eligible person becomes effective:

A) With respect to any Member who is eligible for this insurance on the Effective Date of the Policy, on the latest of:

1) such effective date.

2) the date of the Member's departure from his country of citizenship for the purpose of assuming the posting; or

3) the date the Policyholder advises in writing that coverage should commence.

B) With respect to any Member who becomes eligible for this insurance after the Effective Date of the Policy, on the latest of:

1) the date the Member becomes eligible for insurance hereunder.

2) the date of the Member's departure from his country of citizenship for the purpose of assuming the posting; or

3) the date the Policyholder advises in writing that coverage should commence.

C) With respect to Spouse or Dependent Child, on the latest of :

1) the effective date of the Insured Member's insurance hereunder.

2) the date the Spouse or Dependent Child becomes eligible for this insurance; or

3) the date of the Spouse's or Dependent Child's departure from their country of citizenship to reside with the Insured Member.

6. Effective Date of the Policy:

12:01 a.m., Standard Time, October 1st, 2015 at the address of the Policyholder. This policy replaces the policy bearing the number 9225386 which was issued effective August 1st, 2010.

MAIN PROVISIONS

Policy A: Life Insurance Benefit

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member, the Insured Spouse or the Insured Dependent Child.

"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. 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.

"Principal Sum" means the amount indicated in Item 3 of the Specific Provisions as being applicable to the Insured Person.

The male pronoun will be construed as the feminine when the person is a female.

Description of the Coverage

Specific Loss Indemnity

When Sickness or Disease results in any of the following losses, the Insurer will pay:

For Loss Life : The Principal Sum

On the Insured Person's death, and subject to the provisions stated in this contract, the Insurer agrees to pay the Beneficiary, as defined under the "Beneficiary" provision in this contract, the principal sum underwritten in accordance with this coverage.

"Loss of Life" means the death of the Insured Person by cause of Sickness or Disease. No Benefit will be paid for "Loss of Life" caused by an Accident within three hundred and sixty-five (365) days after the date of the Accident.

Education Benefit

In the event Loss of Life is sustained by an Insured Person and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the lesser of the following amounts for any Dependent Child who, on the date of or within three hundred and sixty-five (365) days of the Insured Person's death, is enrolled as a full-time student in any Institution for Higher Learning: (a) five percent (5%) of the Insured Person's Principal Sum or (b) five thousand dollars ($5,000) for each year (up to four (4) consecutive years) such child remains enrolled as a full-time student in an Institution for Higher Learning. The total maximum payable under this section in combination with the Education Benefit maximum provided under any other policy issued by the Insurer will not exceed five thousand dollars ($5,000) per year.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the Dependent Child is enrolled as a full-time student in an Institution for Higher Learning.

In the event an Insured Person's Dependent Child satisfies the requirements indicated above, such child will be deemed the beneficiary with respect to the benefits payable under this provision.

The following definitions are applicable only to this benefit:

"Institution for Higher Learning" is limited to universities, colleges, CEGEPs and trade schools.

"Dependent Child" means a natural child, adopted child, stepchild or child who is in a parent-child relationship with the Insured Member. The child must reside with the Insured Member, be unmarried, dependent upon the Insured Member for maintenance and support and be under twenty-six (26) years of age. The age limitation is waived if by reason of mental or physical infirmity, the child is incapable of self-sustaining employment and is totally dependent upon the Insured Member for support within the terms of the Income Tax Act.

Day-Care Benefit

In the event Loss of Life is sustained by an Insured Person and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the lesser of the following amounts for any Dependent Child who, on the date of or within three hundred and sixty-five (365) days of the Insured Person's death, is enrolled in a legally licensed Day-Care Centre: (a) five percent (5%) of the Insured Person's Principal Sum or (b) five thousand dollars ($5,000) for each year (up to four (4) consecutive years) such child remains enrolled in a legally licensed Day-Care Centre. The total maximum payable under this section in combination with the Day-Care Benefit maximum provided under any other policy issued by the Insurer will not exceed five thousand dollars ($5,000) per year.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the Dependent Child is enrolled in a legally licensed Day-Care Centre.

In the event an Insured Person's Dependent Child satisfies the above requirements, this benefit will be payable to the surviving Spouse if the Spouse has custody of the child or to the child's guardian legally appointed to manage the person of the child.

If none of the Insured Person's Dependent Children satisfy the above requirements or the requirements as shown under the section entitled "Education Benefit", the Insurer will pay to the Insured Person's beneficiary the lesser of the following amounts: (a) five percent (5%) of the Insured Person's Principal Sum or (b) two thousand and five hundred dollars ($2,500) under one (1) of the policies issued by the Insurer.

"Day-Care Centre" means a facility, which is run according to the law, including laws and regulations applicable to day-care facilities and which provides care and supervision for children in a group setting on a regular basis. Day-Care Centre will not include a hospital, the child's home or care provided during normal school hours while the Dependent Child is attending grades one (1) through twelve (12).

"Dependent Child" means a natural child, adopted child, stepchild or child who is in a parent-child relationship with the Insured Member. The child must reside with the Insured Member, be unmarried, dependent upon the Insured Member for maintenance and support and be under thirteen (13) years of age or by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon the Insured Member for support within the terms of the Income Tax Act.

"Spouse" means an individual under seventy (70) years of age
(a) to whom the Insured Person is legally married, or
(b) with whom the Insured Person has continuously cohabited in a conjugal relationship for a minimum of one (1) year

immediately before a Loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.

If the Insured Person is legally married but is also cohabiting with an individual as described under section (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a spouse under this policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Insured Person is legally married.

Occupational Training Benefit

In the event Loss of Life is sustained by an Insured Person and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the reasonable and necessary expenses actually incurred, within three (3) years from the date of such Loss, by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of fifteen thousand dollars ($15,000) for all such expenses. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

In the event the Insured Person's Spouse satisfies the requirements indicated above, such Spouse will be deemed the beneficiary with respect to the benefits payable under this provision.

"Spouse" means an individual under seventy (70) years of age

(a) to whom the Insured Person is legally married, or

(b) with whom the Insured Person has continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before a Loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.

If the Insured Person is legally married but is also cohabiting with an individual as described under section (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a spouse under this policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Insured Person is legally married.

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

Identification Benefit

In the event a Loss of Life is sustained by an Insured Person and the police or similar governmental authority requires identification of the Insured Person's body, the Insurer will reimburse one (1) Immediate Family Member's or a family representative's expenses incurred for transportation to the location of the Insured Person's body and return to his normal place of residence by the most direct route and for lodging and board, up to a maximum of ten thousand dollars ($10,000). If transportation is by any motor vehicle not for hire then the reimbursement of transportation expenses will be limited to a maximum of thirty-five cents ($0.35) per kilometre travelled. The Insured Person's body must be located more than one hundred fifty (150) kilometres from the Immediate Family Member's or family representative's residence.

The benefit is payable under only one (1) of the policies issued to the Policyholder by the Insurer.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Beneficiary Designation

Indemnity payable in the event of the Loss of Life of an Insured Person will be payable to the beneficiary or beneficiaries designated in writing by the Insured Person on the Beneficiary Designation form, or if there is no such beneficiary designation with respect to the Insured Person, such indemnity will be payable to the estate of the Insured Person, with the exception of indemnities payable under the following sections:

Education Benefit
Day-Care Benefit
Occupational Training Benefit
Identification Benefit

Individual Terminations

Insurance provided under this policy will immediately terminate on the earliest of the following dates:

A) With respect to an Insured Member

(1) on the date the policy is terminated;

(2) on the date the Insured Person reaches seventy (70) years of age.

(3) on the premium due date if the Policyholder fails to pay the required premium for the Insured Person, except as the result of an inadvertent error;

(4) two (2) days after the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder;

(5) on the date the Insured Person returns to his country of citizenship, except as provided under the section entitled "Continuation of Coverage".

B) With respect to the Insured Spouse and/or Insured Dependent Child

(1) on the date such person ceases to be an eligible person;

(2) on the date the Insured Member's insurance is terminated;

(3) on the date the Insured Spouse or Insured Dependent Child returns to the Insured Member's country of citizenship, except as provided under the following section entitled "Continuation of Coverage"

When an epidemic is declared by the World Heath Organization in the place of posting of the Member, the Insurer reserves the right to require the repatriation of the Insured Person, to their country of origin. If the Insured Person, refuses to be repatriated, their insurance coverage shall terminate. In the event of quarantine, the insurance coverage remains in force.

Continuation of Coverage

A. In the event an Insured Person leaves the country of posting during the Insured Member's course of foreign work assignment for any reason approved by the Policyholder and provided premiums are paid for such Insured

Member, this policy will be extended while the Insured Person is outside of the country of posting subject to a maximum duration of sixty (60) days for each return.

B. If an Insured Member has completed his foreign work which caused him to become covered under the terms of this policy and if he is expected to be reassigned by the Policyholder to another assignment which will qualify him for coverage under the terms of this policy, then at the discretion of the Policyholder coverage for such Insured Member and his dependents, if any, will be continued until such re-assignment or until ninety (90) days from the date of completion of the original assignment, whichever is sooner, subject to payment of premium which will be calculated at the Insurer's rates then in force for the location the Insured Member will be staying.

C. Coverage under this policy may be continued for an Insured Member and his Insured Spouse and/or Insured Dependent Children during any approved leave of absence, temporary lay-off or maternity/parental leave of the Insured Member or of the Insured Spouse, provided payment of premium is continued. Coverage as provided under this clause will terminate at 12:01 a.m., Standard Time, on the first (1st) day of the month following the completion of a twelve (12) month period that started on the date such approved leave of absence, temporary lay-off or maternity/parental leave began or on the date the Insured Member returns to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier. Extensions of coverage for periods in excess of twelve (12) months may be granted, provided written request is submitted by the Policyholder to the Insurer.

D. Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date as follows:

1. If the Insured Person is returning to the country of which he is a citizen or place of permanent posting and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated.

2. If, as a result of Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.

3. If, as a result of Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to the country of which he is a citizen or place of permanent posting, coverage will continue up to a maximum of ten (10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Member's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

Waiver of Premium

If, under the Policyholder's Group Long Term Disability Insurance policy, an Insured Person qualifies for benefit payments as the result of total disability, coverage under this benefit will be extended and waiver of premium granted.

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

(1) on the date this policy is terminated;

(2) on the date the Insured Person reaches seventy (70) years of age; or

(3) on the date the Insured Person ceases to be totally disabled.

The Insurer reserves the right to request proof of total disability or any continuance thereof from time to time as the Insurer may reasonably require. Failure to provide proof satisfactory to the Insurer may result in termination of this Waiver of Premium clause.

The coverage which is continued under this clause will be subject to the terms and provisions of this policy in effect as of the date of commencement of disability, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in this policy, in no event will benefits payable for any Loss which occurs while coverage is being continued under this clause exceed the amount of insurance that would have been payable to the Insured Person at the date of commencement of disability.

Written notice of a Disability on which a request for waiver of premium may be based must be given to the Insurer within thirty (30) days after the date of the beginning of such Disability and written proof of Loss must be given to the Insurer within ninety (90) days after the date of the beginning of such Disability. Failure to give such proof within such time will not invalidate any claim if it is shown not to have been reasonably possible to give such proof during such time and that such proof was given as soon as reasonably possible, but in no event later than one (1) year after the date of the beginning of such Disability. Any premium adjustment which involves the return of unearned premium to the Policyholder is limited to the twelve (12) month period immediately preceding the date at which the Insurer has received evidence of such disability.

Exclusions

This policy does not cover any Loss, fatal or non-fatal, caused or contributed to by:

(1) an accident;

(2) suicide or intentionally self-inflicted Injury;

(3) war, whether declared or not within Canada and the United States of America;

(4) perpetration of acts of terrorism or participation in a riot, insurrection, civil commotion or disturbance;

(5) active full-time, part-time or temporary service in the armed forces of any country.

Policy B : Accidental Death & Dismemberment Benefit

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member, the Insured Spouse and /or the Insured Dependent Child.

"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, twenty-four (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.

"Residence" means the primary dwelling in the place of permanent posting as stated under Item 2 of the Specific Provisions of which the Insured Person is an occupant and the premises on which it is situated.

"Principal Sum" means the amount indicated in Item 3 of the Specific Provisions as being applicable to the Insured Person.

The male pronoun will be construed as the feminine when the person is a female.

Specific Loss Accident Indemnity

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

<u>For Loss of</u>

Life	The Principal Sum
The Entire Sight of Both Eyes	The Principal Sum
Speech and Hearing in Both Ears	The Principal Sum
One Hand and the Entire Sight of One Eye	The Principal Sum
One Foot and the Entire Sight of One Eye	The Principal Sum
The Entire Sight of One Eye	Three-Fourths of the Principal Sum
Speech	Three-Fourths of the Principal Sum
Hearing in Both Ears	Three-Fourths of the Principal Sum
Hearing in One Ear	Two-Fifths of the Principal Sum
All Toes of One Foot	One-Third of the Principal Sum

<u>For Loss or Loss of Use of</u>

Both Hands	The Principal Sum
Both Feet	The Principal Sum
One Hand and One Foot	The Principal Sum

One Arm.. ....Four-Fifths of the Principal Sum
One Leg... ....Four-Fifths of the Principal Sum
One Hand.. .... Three-Fourths of the Principal Sum
One Foot .... Three-Fourths of the Principal Sum
Thumb and Index Finger or at Least Four Fingers of One Hand……………..... Two-Fifths of the Principal Sum

For Paralysis of

Both Upper and Lower Limbs (Quadriplegia)................. .... Two Times the Principal Sum
Both Lower Limbs (Paraplegia)... .... Two Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia).................................. Two Times the Principal Sum

"Loss of Life" means the death of the Insured Person.

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toes mean the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Paralysis" means the loss of ability to move all or part of the body.

"Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs.

"Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs.

"Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained for multiple injuries to the same limb by any one (1) Insured Person as the result of any one (1) Accident.

Indemnity provided under this section for all Losses sustained by any one (1) Insured Person as the result of any one (1) Accident will not exceed the following:

a) with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.

b) with respect to quadriplegia, paraplegia and hemiplegia, Two Times the Principal Sum, or the Principal Sum if Loss of Life occurs within ninety (90) days after the date of the Accident.

In no event will indemnity payable for all Losses under this section exceed, in the aggregate, Two Times the Principal Sum as the result of the same Accident.

Education Benefit

In the event a Loss of Life resulting from Injury is sustained by an Insured Person and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the lesser of the following amounts for any Dependent Child who, on the date of or within three hundred and sixty-five (365) days of the Insured Person's death, is enrolled as a full-time student in any Institution for Higher Learning: (a) five percent (5%) of the Insured Person's Principal Sum or (b) five thousand dollars ($ 5,000) for each year (up to four (4) consecutive years) such child remains enrolled as a full-time student in an Institution for Higher Learning. The total maximum payable under this section in combination with the Education Benefit maximum provided under any other policy issued by the Insurer will not exceed five thousand dollars ($5,000) per year.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the Dependent Child is enrolled as a full-time student in an Institution for Higher Learning.

In the event an Insured Person's Dependent Child satisfies the requirements indicated above, such child will be deemed the beneficiary with respect to the benefits payable under this provision.

The following definitions are applicable only to this benefit:

"Institution for Higher Learning" is limited to universities, colleges, CEGEPs and trade schools.

"Dependent Child" means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the Insured Person. The child is unmarried, under twenty-six (26) years of age and dependent upon the Insured Person for maintenance and support.

The age limitation is waived if by reason of mental or physical infirmity, the child is incapable of self-sustaining employment and is totally dependent upon the Insured Persons for support within the terms of the Income Tax Act.

Day-Care Benefit

In the event a Loss of Life resulting from Injury is sustained by an Insured Person and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the lesser of the following amounts for any Dependent Child who, on the date of or within three hundred and sixty-five (365) days of the Insured Person's death, is enrolled in a legally licensed Day-Care Centre: (a) five percent (5%) of the Insured Person's Principal Sum or (b) five thousand dollars ($ 5,000) for each year (up to four (4) consecutive years) such child remains enrolled in a legally licensed Day-Care Centre. The total maximum payable under this section in combination with the Day-Care Benefit maximum provided under any other policy issued by the Insurer will not exceed five thousand dollars ($ 5,000) per year.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the child is enrolled in a legally licensed Day-Care Centre.

In the event an Insured Person's Dependent Child satisfies the above requirements, this benefit will be payable to the surviving Spouse if the Spouse has custody of the child or to the child's guardian legally appointed to manage the person of the child.

If none of the Insured Person's Dependent Children satisfy the above requirements or the requirements as shown under the section entitled "Education Benefit", the Insurer will pay to the Insured Person's beneficiary the lesser of the following amounts: (a) five percent (5%) of the Insured Person's Principal Sum or (b) two thousand and five hundred dollars ($ 2,500) under one (1) of the policies issued by the Insurer.

"Day-Care Centre" means a facility, which is run according to the law, including laws and regulations applicable to day-care facilities and which provides care and supervision for children in a group setting on a regular basis. Day-Care Centre

will not include a hospital, the child's home or care provided during normal school hours while the Dependent Child is attending grades one (1) through twelve (12).

"Dependent Child" means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the Insured Person. The child is under thirteen (13) years of age and dependent upon the Insured Person for maintenance and support.

Spouse" means an individual under seventy (70) years of age
(a) to whom the Insured Person is legally married, or
(b) with whom the Insured Person has continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before a Loss is incurred under the policy.
Only one (1) individual will qualify as a spouse.
If the Insured Person is legally married but is also cohabiting with an individual as described under section (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a spouse under this policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Insured Person is legally married.

Rehabilitation Benefit

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, and such Injury requires that the Insured Person participate in a rehabilitation program in order to be qualified to engage in an occupation in which he would not have engaged except for such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred, within three (3) years from the date of Loss, by the Insured Person for such program.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed fifteen thousand dollars ($ 15,000) as the result of any one (1) Accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

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

Workplace Modification and Accommodation Benefit

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy and such Insured Person requires special adaptive equipment and/or workplace modification in order to reasonably accommodate his return to active full-time work with the Policyholder, the Insurer 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 the needs of such Insured Person.

2) The Policyholder acknowledges in writing that the performance of the essential duties of such Insured Person's job may be altered.

3) The proposed special adaptive equipment and/or workplace modification must have prior written approval by the Insurer.

4) The Insurer has the right to examine the Insured Person to evaluate the appropriateness of the proposed modifications.

The benefit will be paid to the Policyholder upon the Insured Person's return to active full-time work with the Policyholder and the Insurer has 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 the Insurer 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 the Insurer.

Occupational Training Benefit

In the event a Loss of Life resulting from Injury is sustained by an Insured Person and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the reasonable and necessary expenses actually incurred, within three (3) years from the date of such Loss, by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of fifteen thousand dollars ($ 15,000) for all such expenses. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

In the event the Insured Person's Spouse satisfies the requirements indicated above, such Spouse will be deemed the beneficiary with respect to the benefits payable under this provision.

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

Spouse" means an individual under seventy (70) years of age

(a) to whom the Insured Person is legally married, or
(b) with whom the Insured Person has continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before a Loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.
If the Insured Person is legally married but is also cohabiting with an individual as described under section (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a spouse under this policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Insured Person is legally married.

Child Enhancement Benefit

With the exception of Loss of Life, all indemnities provided under the section entitled "Specific Loss Accident Indemnity" of this policy are doubled with respect to Insured Dependent Children.

This provision is not applicable if Loss of Life occurs within ninety (90) days after the date of the accident.

Permanent Total Disability Indemnity

When, as the result of an Accident an Insured Person who is actively and gainfully employed on a full-time basis and under age seventy (70), suffers an Injury and becomes totally disabled within three hundred and sixty-five (365) days of the date of the Injury and is prevented from engaging in each and every occupation or employment for compensation or profit for which he is or may become reasonably qualified by reason of his education, training or experience, the Insurer will pay in one (1) sum, provided such disability has continued for a period of twelve (12) consecutive months and is total and permanent at the end of this period, the Principal Sum, less any other amount paid or payable under the section entitled "Specific Loss Accident Indemnity" of this policy as the result of the same Accident.

Identification Benefit

In the event a Loss of Life resulting from Injury is sustained by an Insured Person and the police or similar governmental authority requires identification of the Insured Person's body, the Insurer will reimburse one (1) Immediate Family Member's or a family representative's expenses incurred for transportation to the location of the Insured Person's body and return to his normal place of residence by the most direct route and for lodging and board, up to a maximum of fifteen thousand dollars ($15,000). If transportation is by any motor vehicle not for hire then the reimbursement of transportation expenses will be limited to a maximum of thirty-five cents ($0.35) per kilometre travelled. The Insured Person's body must be located more than one hundred fifty (150) kilometre from the Immediate Family Member's residence.

The benefit is payable under only one (1) of the policies issued to the Policyholder by the Insurer.
"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Common Disaster Benefit

In the event Loss of Life is sustained by both the Insured Member and his Insured Spouse and indemnity for such Loss becomes payable in accordance with the terms of this policy as a result of a Common Accident, the Principal Sum applicable to the Insured Member's Spouse will be increased up to the Insured Member's Principal Sum amount of indemnity, but in no event will the amount payable under this policy exceed, in the aggregate, five hundred thousand dollars ($500,000).

"Common Accident" means the same Accident or separate Accidents occurring within the same twenty-four (24) hour period.

Seat Belt Benefit

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, the Insurer will pay an additional sum equal to ten percent (10%) of the applicable amount payable under the section entitled "Specific Loss Accident Indemnity", subject to a maximum of twenty-five thousand dollars ($ 25,000), which maximum is in combination with the Seat Belt Benefit maximum provided under any other policy issued to the Policyholder by the Insurer, if at the time of the Accident, the Insured Person was driving or riding in a Motorized Vehicle and wearing a properly fastened Seat Belt.

The driver of the Motorized Vehicle must hold a current and valid driver's license of a rating authorizing him to operate such Motorized Vehicle and neither be intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a Physician, at the time of the Accident. "Intoxicated" and "under the influence of drugs" are as defined by the local jurisdiction where the Accident occurs.
Due proof of Seat Belt use must be provided as part of the written proof of Loss.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

"Seat Belt" means those belts that form a restraint system and includes infant and child restraint systems when properly used with a Seat Belt, and the restraining belts which are part of a stretcher used in the transportation of sick or injured persons by ambulance.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practice medicine by:

1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Home Alteration and/or Vehicle Modification Benefit

In the event an Insured Person sustains the Loss of or Loss of Use of Both Feet or Legs or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity is payable in accordance with the terms of this policy, and he subsequently requires the use of a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within three (3) years of the date of Loss for:

1) the cost of alterations to the Insured Person's principal residence for the purpose of making it accessible, and/or

2) the cost of modifications to one (1) motor vehicle utilized by the Insured Person, when such modifications are approved by licensing authorities where required for the purpose of adapting it to the needs of the Insured Person.

Payment by the Insurer for the total of all expenses incurred by or for any Insured Person will not exceed a maximum of fifteen thousand dollars ($ 15,000) as the result of any one (1) 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

A Daily Benefit will be payable to the Insured Person when the Insured Person is in a Hospital and under the Regular Care and Attendance of a Physician, but only if such Period of Hospitalization is necessary for the treatment of an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy. Such Daily Benefit will be paid from the first (1st) Day of Hospitalization, but in no event for more than three hundred and sixty five (365) days per Accident.

Notwithstanding anything contained to the contrary in this policy, a Period of Hospitalization which becomes necessary for the treatment of an Injury other than for a specific Loss will be covered in accordance with the terms of this section, provided such Period of Hospitalization commences:

1) within three hundred and sixty-five (365) days of the date of the Accident causing such Injury, and

2) while insurance under this policy is in force as to that Insured Person.

Such Daily Benefit will be paid from the first (1st) Day of Hospitalization if hospitalized for at least four (4) consecutive days.

Only one (1) Period of Hospitalization will be payable for all Injuries sustained by the Insured Person as the result of the same Accident.

"Daily Benefit" means one-thirtieth of one percent (1/30 of 1%) of the Insured Person's Principal Sum, to a maximum monthly benefit of two thousand and five hundred dollars ($ 2,500), which maximum is in combination with the Hospital Indemnity maximum provided under any other policy issued to the Policyholder by the Insurer.

"Period of Hospitalization" means a single uninterrupted confinement in a Hospital or several successive confinements in a Hospital as a result of the same Accident, provided each such confinement is separated by a period of less than ninety (90) consecutive days and all such confinements occur within seven hundred and thirty (730) days of the date of the Accident.

"Day of Hospitalization" means a necessary Period of Hospitalization in a Hospital as an inpatient for which a full day's room and board is charged.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Hospital will include a facility or part of a facility used for rehabilitative care.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing the confinement.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

1) a recognized medical licensing organization in the locale where the treatment was rendered, provided he is a member in good standing of such licensing body, or
2) a governmental agency having jurisdiction over such licensing in the locale where the treatment was rendered.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Aircraft Coverage

Insurance provided under this policy includes Injury sustained while and in consequence of:

a) riding as a passenger, and not as a pilot, operator or Member of the crew in or on any aircraft having a current and valid certificate of airworthiness and piloted by a person who then holds a current and valid pilot's license of a rating authorizing him to pilot such aircraft.

b) riding as a passenger, and not as a pilot, operator or Member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.

c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated or leased by or on behalf of the Policyholder, other than as stated under (c) above.

Exposure and Disappearance

If, by reason of an Accident covered by this policy, an Insured Person is unavoidably exposed to the elements and as the result of such exposure, suffers a Loss for which indemnity is otherwise payable hereunder, such Loss will be covered under the terms of this policy.

If the Insured Person is not found within one (1) year after the date of the disappearance or sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident and under such circumstances as would otherwise be covered hereunder, it will be presumed the Insured Person suffered a Loss of Life resulting from Injury at the time of such disappearance, sinking or wrecking.

Aggregate Limit of Indemnity

The Insurer's aggregate limit of indemnity for all losses arising out of any one (1) Accident, for which coverage is provided hereunder, is as stated in Item 4 of the Specific Provisions. In the event said limit of indemnity for any one (1) Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one (1) Accident bears to the total amount of insurance that would have been payable, except for such limit of indemnity.

This section only applies to losses payable under the following sections:

Specific Loss Accident Indemnity
Child Enhancement Benefit
Permanent Total Disability Indemnity

Beneficiary Designation

Indemnity payable in the event of the Loss of Life of an Insured Person will be payable to the beneficiary or beneficiaries designated in writing on the beneficiary designation form on file with the Policyholder or Insurer, as the case may be, or if there is no such beneficiary designation with respect to the Insured Person, such indemnity will be payable to the estate of the Insured Person. All other indemnities payable will be payable to the Insured Member, with the exception of indemnities payable under the following sections:

Education Benefit
Day-Care Benefit
Workplace Modification and Accommodation Benefit
Occupational Training Benefit
Identification Benefit

Individual Terminations

Insurance provided under this policy will immediately terminate on the earliest of the following dates:

A) With respect to an Insured Member

(1) on the date this policy is terminated;

(2) on the premium due date if the Policyholder fails to pay the required premium for the Insured Member; except as a result of an inadvertent error;

(3) on the premium due date next following the date the Insured Member reaches seventy (70) years of age;

(4) two (2) days after the date the Insured Member ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder;

(5) on the date the Insured Member returns to his country of citizenship, except as provided under the section entitled "Continuation of Coverage".

B) With respect to the Insured Spouse and/or Insured Dependent Child

(1) on the date such person ceases to be an eligible person;

(2) on the date the Insured Member's insurance is terminated.

(3) on the date the Insured Spouse or Insured Dependent Child returns to the Insured Member's country of citizenship, except as provided under the section entitled "Continuation of Coverage".

When an epidemic is declared by the World Heath Organization in the place of posting of the Member, the Insurer reserves the right to require the repatriation of the Member to their country of origin. If the Member refuses to be repatriated, their insurance coverage shall terminate. In the event of quarantine, the insurance coverage remains in force.

Exclusions

This policy does not cover any Loss, fatal or non-fatal, caused or contributed to by:

1) suicide or intentionally self-inflicted Injury.

2) war, whether declared or not within Canada and the United States of America.

3) perpetration of acts of terrorism or participation in a riot, insurrection, civil commotion or disturbance.

4) active full-time, part-time or temporary service in the armed forces of any country.

5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".

6) medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

Policy C: Monthly Indemnity Benefit

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member.

"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. 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.

"Disability" means Total Disability

"Total Disability" means that the Insured Person, due to an Injury, Sickness or Disease:

A. During the elimination period and the following first twenty-four (24) months of disability:
    1. is unable to perform sixty percent (60%) of the substantial and material duties pertaining to His Occupation;
    2. is completely absent from work;
    3. is not engaged in any occupation or employment for wage or profit; and
    4. requires the Regular Care and Attendance of a Physician.

B. After the elimination period and the first twenty-four (24) months of disability:
    1. is unable to perform sixty percent (60%) of the substantial and material duties pertaining to His Occupation;
    2. is continuously unable to engage in each and every occupation or employment for which he is reasonably qualified by education, training or experience and for which he would receive a salary providing at least sixty percent (60%) of his Insured Income at the time of the Injury, Sickness or Disease causing the Disability;
    3. is completely absent from work;
    4. is not engaged in any occupation or employment for wage or profit; and
    5. requires the Regular Care and Attendance of a Physician.

"Actively at Work" means performing all occupational duties within the normal required hours of the Insured Person's occupation.

"His Occupation" means the occupation engaged in by the Insured Person for wage or profit immediately prior to the occurrence of any Injury, Sickness or Disease covered under this policy.

"Insured Income" means with respect to an Insured Person who is employed on a full-time basis, the monthly rate of wage or salary (not including overtime, commission, bonuses or extra compensation) the Insured Person was receiving from his employer(s) as of the date the total disability begins, exclusive of any other remuneration.

"Elimination Period" means the period of Total Disability during which no disability payment is made under this contract starting on the first day of Total Disability.

The Elimination Period is stated in item 3 of the Specific Provisions.

The male pronoun will be construed as the feminine when the person is a female.

Description of the Coverage

Monthly Indemnity Benefit

When a Member who is less than seventy (70) years of age is considered Totally Disabled by the Insurer, under the provisions of this contract, the Insurer agrees to pay the Member a Long-Term Disability benefit on a monthly basis as stipulated under this coverage, subject to the terms and conditions stipulated under the "Indemnity Offset" provision, once the waiting period has been completed. The Long-Term Disability benefits are paid to the Member as long as he remains Totally Disabled subject to the terms and conditions stipulated in the "Termination of Benefits" provision of this coverage.

Indemnity will be payable for Disability caused by or resulting from an Injury, Sickness or Disease for which medical treatment is being rendered, prescribed or recommended.

Benefit Amount

Beginning and Duration of Indemnity Payments
Indemnity for Disability is payable from the first (1st) day following the end of the Elimination Period indicated at item 3 of the Specific Provisions until the first of the following occurrences:

1. the end of the Disability;
2. the Maximum Period Payable.

No indemnity will be payable under this policy for any period of Disability during which the Insured Person is not under the Regular Care and Attendance of a Physician.

Maximum Period Payable
The Maximum Period Payable is determined on the age of the Insured Person at which Total Disability begins according to the following table. No indemnity will be payable after the Maximum Period Payable has been attained.

Age at beginning of Total Disability	Maximum Period Payable
Below 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69-70	12 months

Successive Periods of Disability
Successive periods of Disability due to the same or related causes will be considered one (1) period of Disability, unless they are separated by a period of six (6) consecutive months during which the Insured Person is Actively at Work. After the said period of active work, no further Monthly Indemnity payments will be made under this policy with respect to the same or related causes.

Indemnity Payable for Total Disability
When an Insured Person sustains Total Disability, the Insurer will pay the Monthly Indemnity from the first (1st) day following the end of the Elimination Period indicated in item 3 of the Specific Provisions for each month of Total Disability, until the first of the following occurrences:

- the end of the disability or,
- the Maximum Period Payable,
  subject to the all sources maximum percentage as shown hereunder in the paragraph entitled "Indemnity Offsets".

The Monthly Indemnity is sixty percent (60%) of the Insured Person's pre-disability gross monthly Insured Income up to the Maximum Indemnity indicated in item 3 of the Specific Provisions.
Indemnity payable under this policy for periods which are less than one (1) month will be paid on the basis of one-thirtieth (1/30th) of the Monthly Indemnity, for each day of Total Disability.

Indemnity Offsets
If the Monthly Indemnity payable under this policy for Total Disability, either alone or in concert with any of the benefits outlined below, exceeds ninety percent (90%) of the Insured Person's pre-disability net monthly Insured income, the Monthly Indemnity otherwise payable will be reduced by any amount exceeding the said percentage.

The indemnity payable to the Insured Person will take into account any of the benefits paid, payable or for which there is a right under the following:

1. The disability or retirement provisions of the Canada/Quebec Pension Plans;

2. The benefits payable in accordance with Workers' Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury;

3. The income benefits provided by or through any Government Plan of automobile insurance or similar legislation;

4. The disability, retirement or other income benefits provided by or through the Insured Person's employer;

5. Any disability or retirement provisions payable to the Insured Person, other than those mentioned in 1, 2, 3, and 4.

6. The amounts paid or payable under a group insured or non-insured disability plan (including association group).

For the purposes of Indemnity Offsets, the benefits referred to above will be the amount for which the Insured Person qualifies at the same time he meets the requirements for entitlements to benefits under such Acts, excluding any amounts he may receive on account of or on behalf of eligible dependents. Any subsequent changes to the amounts payable under any of the above stated benefits, which are specifically designated as cost-of-living adjustments, will neither reduce nor increase the amount of Monthly Indemnity payable hereunder.

Rehabilitation Program

When deemed suitable by the Insurer and on the approval of the attending Physician, the Totally Disabled Member who is eligible to receive Long-Term Disability benefits under this coverage must participate in a rehabilitation program that is approved by the Insurer and monitored by the attending Physician. By “rehabilitation program”, we also mean a gradual return to the Member’s regular work.

The Member continues to receive monthly Long-Term Disability benefits net of benefit coordination under this coverage, reduced by fifty percent (50%) of any salary paid to the Member, if applicable, in the context of the rehabilitation program. If the amount of this disability benefit and any other compensation paid to the Member in the

context of the rehabilitation program exceeds the benefits limit indicated in the "Indemnity Offset " provision under this coverage, this disability benefit amount will be adjusted once again to make sure it does not exceed this ceiling.

The Insurer agrees to reimburse any expenses incurred by the Totally Disabled Member for the rehabilitation program, if these expenses are deemed standard and necessary by the Insurer. Any expense covered by a government program or another insurer will not be reimbursed by the Insurer.

The Member's participation in the rehabilitation program ends when one (1) of the following events takes place:

a) the Member ceases to be Totally Disabled.
b) the Member's state of health deteriorates to the point where he can no longer continue to take part in the program, under the recommendation of the attending Physician and with the Insurer's approval.
c) the Member participates in the program on an ongoing basis for twenty-four (24) consecutive months.
d) the Member reaches sixty-five (65) years of age.
e) the Insurer deems that the Member's participation in the program is no longer in compliance with the initial arrangements agreed between the Member and the Insurer.

Three Month Survivor Benefit

A lump sum payment will be made to the Insured Person's survivor once the Insurer has received proof of death, and if

1. death occurred after disability had continued for one hundred and eighty (180) or more consecutive days; and

2. while receiving a monthly benefit.

The lump sum payment will be an amount equal to three (3) times the Insured Person's last gross Insured Income.

"Survivor" means the surviving spouse.

If there is no surviving spouse, the lump sum payment will be payable to the estate of the Insured Person.

Individual Terminations

Insurance provided under this policy will immediately terminate on the earliest of the following dates:

a) on the date the policy is terminated;

b) on the date the Insured Person reaches seventy (70) years of age.

c) on the premium due date if the Participating Employer fails to pay the required premium for the Insured Person, except as the result of an inadvertent error;

d) on the date the Insured Person ceases to be associated with the Participating Employer in a capacity making such person eligible for insurance hereunder;

e) on the date the Insured Person returns to his country of citizenship, except as provided under the section entitled "Continuation of Coverage".

When an epidemic is declared by the World Health Organization in the place of posting of the Member, the Insurer reserves the right to require the repatriation of the Insured Person, to their country of origin. If the Insured Person, refuses to be repatriated, their insurance coverage shall terminate. In the event of quarantine, the insurance coverage remains in force.

Continuation of Coverage

A. In the event an Insured Person leaves the country of posting during the course of foreign work assignment for any reason approved by the Participating Employer and provided premiums are paid for such Insured Member, this policy will be extended while the Insured Person is outside his country of posting subject to a maximum duration of sixty (60) days for each return.

B. If an Insured Person has completed his foreign work which caused him to become covered under the terms of this policy and if he is expected to be reassigned by the Participating Employer to another assignment which will qualify him for coverage under the terms of this policy, then at the discretion of the Participating Employer and provided payment of salary is maintained during the interim, coverage for such Insured Person will be continued until such reassignment or until ninety (90) days from the date of completion of the original assignment, whichever is sooner, subject to payment of premium which will be calculated at the Insurer's rates then in force for the location the Insured Person will be staying.

C. Coverage under this policy may be continued for an Insured Person during any approved leave of absence with pay or maternity/parental leave of the Insured Member or of the Insured Spouse, provided payment of premium is continued. Coverage as provided under this clause will terminate at 12:01 a.m., Standard Time, on the first (1st) day of the month following the completion of a twelve (12) month period that started on the date such approved leave of absence or maternity/parental leave began or on the date the Insured Member returns to work in any capacity for the Participating Employer or any other employer, including self-employment, whichever is earlier. Extensions of coverage for periods in excess of twelve (12) months may be granted, provided written request is submitted by the Policyholder to the Insurer.

D. Coverage under this policy may be continued for an Insured Person during any approved leave of absence without pay, provided payment of premium is continued. Coverage as provided under this clause will terminate at 12:01 a.m., Standard Time, on the first (1st) day following the completion of a thirty-one (31) day period that started on the date such approved leave of absence began, or on the date the Insured Person returns to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Insured Person's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

Aircraft Coverage

Insurance provided under this policy includes Injury sustained while and in consequence of:

(a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft having a current and valid certificate of airworthiness and piloted by a person who then holds a current and valid pilot's license of a rating authorizing him to pilot such aircraft.

(b) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.

(c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated or leased by or on behalf of the Participating Employer.

Waiver of Premium

If, under the Participating Employer's Basic Group Life Insurance policy, an Insured Person's life insurance is extended under a waiver of premium provision as the result of total disability, coverage under this policy will also be extended and waiver of premium granted.

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

(1) on the date this policy is terminated;

(2) on the date the Insured Person reaches seventy (70) years of age; or

(3) on the date the Insured Person ceases to be totally disabled.

The Insurer reserves the right to request proof of total disability or any continuance thereof from time to time as the Insurer may reasonably require. Failure to provide proof satisfactory to the Insurer may result in termination of this Waiver of Premium clause.

The coverage which is continued under this clause will be subject to the terms and provisions of this policy in effect as of the date of commencement of disability, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in this policy, in no event will benefits payable for any Loss which occurs while coverage is being continued under this clause exceed the amount of insurance that would have been payable to the Insured Person at the date of commencement of disability.

Written notice of a Disability on which a request for waiver of premium may be based must be given to the Insurer within thirty (30) days after the date of the beginning of such Disability and written proof of Loss must be given to the Insurer within ninety (90) days after the date of the beginning of such Disability. Failure to give such proof within such time will not invalidate any claim if it is shown not to have been reasonably possible to give such proof during such time and that such proof was given as soon as reasonably possible, but in no event later than one (1) year after the date of the beginning of such Disability. Any premium adjustment which involves the return of unearned premium to the Participating Employer is limited to the twelve (12) month period immediately preceding the date at which the Insurer has received evidence of such disability.

Exclusions

This policy does not cover any Loss, fatal or non-fatal, caused or contributed to by:

(1) suicide or intentionally self-inflicted Injury;

(2) perpetration of acts of terrorism or participation in a riot, insurrection, civil commotion or disturbance;

(3) active full-time, part-time or temporary service in the armed forces of any country;

(4) war, whether declared or not within Canada and the United States of America;

(5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".

Policy D : Medical Insurance Benefit

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member, the Insured Spouse or the Insured Dependent Child.

"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. 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.

"Residence" means the primary dwelling in the place of permanent posting as stated under Item 2 of the Specific Provisions of which the Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Hospital will include a facility or part of a facility used for rehabilitative care. Furthermore, Physicians and Nurses as used under this definition will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a Member in good standing of such licensing body, or
2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

"Fare" means the regular fare charged for:

1) an economy class seat on a regular flight by a domestic or international scheduled air carrier.
2) a coach seat on a passenger train.
3) a regular seat on a passenger bus or

4) an economy class seat on a boat.
Where each of these carriers must hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

"Trip" means travel outside the Insured Member's place of permanent posting as stated under Item 2 of the Specific Provisions, undertaken by the Insured Person, which commences on the date of departure from such place and continues until the return date to such place, subject to a maximum duration of sixty (60) consecutive days.

"Emergency" means unexpected and not preplanned.

The male pronoun will be construed as the feminine when the person is a female.

Medical Reimbursement Expense Benefit

A. When by reason of Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section, the Insurer will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1) Hospital charges including those for room and board, up to and including private accommodation level.

2) Hospital charges for out-patient services when medically required.

3) expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of fifteen thousand dollars ($15,000) per Accident, Sickness or Disease;

4) charges for prescription drugs (including oral contraceptives), sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a six (6) month supply;

5) expenses charged for the services of a licensed professional physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of one thousand five hundred dollars ($1,500) per calendar year;

6) expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of one thousand five dollars ($1,500) per Accident, Sickness or Disease.

7) expenses incurred for the following:

   a) blood plasma, whole blood or oxygen, including the administration thereof.

   b) x-rays and laboratory examinations which are required for diagnostic purposes.

   c) artificial limbs, eyes or other prosthetic appliances,subject to a maximum of three thousand dollars ($3,000) per calendar year.

   d) 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 (limited to one hundred and fifty dollars ($ 150) per pair and to a maximum of one (1) pair per Insured Person per calendar year), including any fee charged by a Physician for designing, constructing, fitting or applying such device, subject to a maximum of three thousand dollars ($3,000) for all expenses per calendar year;

   e) rental of a wheelchair, an iron lung and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of seven thousand five hundred dollars ($7,500) per Accident, Sickness or Disease.

8) expenses for medical care and treatment rendered or surgical procedure performed by a Physician.

9) expenses for the services of a licensed anaesthetist when recommended by a Physician.

10) expenses for the services of any of the following licensed practitioners, provided such practitioner does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of five hundred dollars ($ 500) per specialty per calendar year (such services do not require the recommendation of a Physician except as indicated below):
    a) chiropractor
    b) osteopath
    c) chiropodist or podiatrist
    d) licensed masseur, on the recommendation of a Physician
    e) speech therapist
    f) licensed psychologist

    Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner for each Insured Person in any one (1) calendar year.

11. contraceptives;

12. expenses for Membership and/or access fees charged by medical clinics.

B. The Insurer will also reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1) expenses for an annual health examination, not to exceed a maximum amount of two hundred fifty dollars ($ 250) per Insured Person.

2) expenses for well-baby care, for a period of six (6) months after the birth of an Insured Dependent Child.

3) expenses for the administration of vaccines, anti-toxins, injections for immunizing against disease or poisons, not to exceed a maximum amount of one hundred twenty-five dollars ($ 125) per Insured Person per calendar year.

4) expenses for eye examination by a licensed ophthalmologist or optometrist to determine if purchase or replacement of eyeglasses or contact lenses are required, subject to not more than one (1) examination per Insured Person every two (2) calendar years.

C. This Insurer will also reimburse the reasonable charges for the following services or supplies incurred within thirty (30) days from departure to the country of permanent posting for the purpose of assuming the posting:

1. expenses for medical care and treatment rendered by a Physician, including a general examination, not to exceed a maximum amount of two hundred fifty dollars ($250) per Insured Person;

2. charge for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a six (6) month supply.

Accidental Dental Treatment Benefit

When Injury to whole or sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified

dentist or oral surgeon, the Insurer will pay the necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for such treatment or services, but not to exceed in the aggregate the amount of three thousand dollars ($3,000) as a result of any one (1) Accident.

Evacuation Benefit

If, as a result of Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer.

2. transportation to the Insured Person's permanent place of posting or to country of citizenship (whichever is recommended by the attending Physician) by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his permanent place of posting or to country of citizenship for further treatment or to recover.

3. transportation to the Insured Person's country of posting or to country of citizenship if recommended by the attending Physician in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his country of posting on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

The Insurer will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board.

The total maximum amount payable under this section will not exceed the amount of Evacuation Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

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

Emergency Treatment Benefit

Notwithstanding the definitions of Injury, Sickness or Disease under the section entitled "Definitions" and for the purposes of this section, Injury, Sickness and Disease are extended to include expenses incurred outside the Insured Member's place of permanent posting as stated under Item 2 of the Specific Provisions.
When by reason of Injury, Sickness or Disease, an Insured Person incurs eligible expenses while on a Trip with the intent of returning to such place of permanent posting, the Insurer will reimburse the reasonable and necessary charges stated in the section entitled "Medical Reimbursement Expenses Benefit" and the following benefits:

Accidental Dental Treatment Benefit
Evacuation Benefit
Repatriation Benefit
Emergency Air Transportation Benefit
Family Transportation and Accommodation Benefit

Rental Expense Benefit
Hotel Convalescence Benefit

All expenses must be incurred on a non-elective Emergency basis.

Vision Care Benefit (applicable only for posting in excess of six (6) months)

Expenses for the purchase and replacement but not repair of the following will be covered on the recommendation of a Physician, licensed ophthalmologist or optometrist:

1. Frames, lenses and fitting of prescription glasses, subject to a maximum of two hundred fifty dollars ($ 250) and restricted to one (1) such expense in any consecutive two (2) year period per Insured Person. (The restriction for Dependent Child is one (1) such expense in any consecutive twelve (12) month period per dependent child).

2. Contact lenses, when initially required or if required due to a change in the prescription,

if visual acuity is improved to at least the 20/40 level and such visual acuity is not possible through the use of regular eyeglasses. Such expenses will be subject to a maximum of two hundred fifty dollars ($ 250) per set and one (1) such expense in any consecutive two (2) year period.

If visual acuity is not improved to at least the 20/40 level or such acuity is possible through the use of regular eyeglasses, then expenses for contact lenses will be subject to the above limitations for prescription glasses.

Covered expenses do not include:

- duplicate or spare eyeglasses
- duplicate or spare contact lenses
- non prescription sunglasses, safety glasses, cosmetic or other special purpose vision aids
- visual training or remedial therapy.

Maternity Expense Benefit (applicable only for posting in excess of 6 months)

Applicable only to Insured Persons whose posting is for a period in excess of six (6) consecutive months.

In the event an Insured Person incurs expenses due to her pregnancy (including complications arising from such pregnancy) or childbirth (including caesarean section which is an abdominal operation of uterine pregnancy) while this policy is in force as to such Insured Person, the Insurer will reimburse the reasonable and necessary expenses actually incurred including Hospital nursery expenses subject to all limitations, exclusions and deductible amounts and other provisions of this policy.

Dental Benefit (applicable only to posting in excess of 6 months)

Basic

The necessary expenses actually incurred for the following procedures and materials will be covered:

1) treatment of pain.

2) routine examinations and diagnosis. Examinations will include:

a) one (1) complete examination every twenty-four (24) months.

b) one (1) recall examination every six (6) months.

c) specific or emergency examinations limited to four (4) such examinations in any twelve (12) month period.

3) dental x-rays (full mouth x-rays or panorex x-ray are limited to one (1) set in any twenty-four (24) month period and bitewing x-rays are limited to one (1) set during any six (6) month period).

4) scaling and cleaning of teeth (prophylaxis) plus topical fluoride treatments and other anti-cariogenic substances, which are limited to one (1) treatment in any six (6) month period.

5) silicate, acrylic, composite and amalgam for anterior fillings and amalgam only for posterior fillings and preformed stainless steel crowns.

6) extractions and oral surgical procedures normally performed by a dentist, including the administration of general anaesthesia.

7) initial provision and installation of space maintainers for Insured Dependent Children under eighteen (18) years of age.

8) consultation where required and upon referral by a dentist or Physician.

9) oral hygiene instruction for brushing, massaging and flossing limited to one (1) adult per family, lifetime.

10) periodontal services for treatment of diseases of the gums and other supporting tissues of the teeth.

11) endodontics (root canal therapy).

12) repair and recementing of crowns, inlays, bridges and dentures or relining of dentures, once in any twelve (12) month period.

Major Restorative

Expenses for the following services made by a licensed dentist or licensed dental mechanic are covered, subject to all limitations and any other conditions of the policy. Where there are two or more courses of treatment available to adequately correct a dental condition, reimbursement will be based on the least expensive treatment.

1) Crowns when a tooth cannot be restored with any other material. Existing crowns which are more than five (5) years old and due to injury or decay shall be replaced while insured under this benefit.

2) inlays covering at least three (3) surfaces and provided the tooth cusp is missing.

3) initial provision of a fixed bridge or a full or partial denture provided it is necessary due to the extraction of a natural tooth while insured or after one (1) year continuous coverage under this benefit.
4) replacement of a fixed bridge or a full or partial denture provided:

   a) the existing appliance is at least five years old and cannot be made serviceable.

   b) the existing appliance is a temporary and the permanent appliance is installed within twelve (12) months from the date of the initial installation.

   c) the new appliance is necessary as a result of the extraction of a natural tooth while insured under this benefit and the existing appliance cannot be made serviceable.

5) denture adjustments (after 3 months from insertion).

6) tissue conditioning.

Basic Dental and Major Restorative Benefit

In the event that a charge for any dental care or service is expected to exceed $ 500, or that gold is to be used in any restoration work, written notice thereof on forms provided by the Insurer should be forwarded, together with x-rays, to the Insurer for assessment before any work or treatment commences, otherwise charges incurred for such care or services may not be considered as eligible expenses under the policy.

Upon receipt of such written notice, the Insurer will determine the amount of such charges which will be considered as eligible expenses. Such work or treatment must then be completed within one hundred and eighty (180) days from the date the Insurer notifies the Insured Person of the maximum charges which will be payable by the Insurer, and such work or treatment must be performed by the dentist who first prescribed the work or treatment; otherwise, the Insured Person will be required to forward a further written notice of the proposed services to the Insurer for re-assessment.

Any payments made under this section will be reduced by any amount paid or payable under the section entitled "Accidental Dental Treatment Benefit" if expenses are incurred as a result of Injury.

Reimbursement under the dental plan is limited to a maximum of $3,000 per person per calendar year.

Repatriation Benefit

If, as a result of Injury, Sickness or Disease, loss of life is sustained by an Insured Person while outside of the country or countries of which he/she is a citizen, the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first (1st) resting place in the normal country of residence (including but not limited to a funeral home or the place of interment) in the vicinity of the normal place of residence,

including charges for the preparation of the body for such transportation, subject to the maximum amount of Repatriation Benefit stated under Item 3 of the Specific Provisions.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

Emergency Air Transportation Benefit

A. If, while outside the Insured Member's place of permanent posting as stated under Item 2 of the Specific Provisions and as the result of Injury, Sickness or Disease:

   1) the attending Physician certifies in writing that the Insured Person's medical condition warrants immediate return to the country of which he/she is a citizen for treatment, which is not available at the local Hospital in the vicinity where such Injury, Sickness or Disease occurred; or

   2) an Insured Person is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his Residence or to the country of which he/she is a citizen (whichever is recommended by the attending Physician) on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable;

   the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the Insured Person by the most direct route to the air terminal nearest his Residence or to the country of which he/she is a citizen (whichever is recommended by the attending Physician), subject to the cost of one (1) way Airfare.

B. If, for medical reasons, the Insured Person requires stretcher accommodation on the return flight stated in paragraph "A" above, regardless if he has missed his original scheduled return flight, and such requirement is on written recommendation of the attending Physician, the Insurer will pay the Airfare expense for one (1) additional seat.

C. In the event the attending Physician further recommends in writing or the air carrier's rules and regulations require the presence of a medical attendant during the transportation of the Insured Person, regardless if he has missed his original scheduled return flight, the Insurer will pay the reasonable and necessary expenses actually incurred for the round trip Airfare for such medical attendant. Expenses will also include one (1) day Accommodation and board for that day. The medical attendant must be qualified to work as such in the place where the Insured Person received Emergency medical attention, does not ordinarily reside in the Insured Person's Residence and is not a Member of the Immediate Family.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Emergency Air Transportation Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Family Transportation and Accommodation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or if the Insured Person is confined as an inpatient in a Hospital for at least four (4) consecutive days and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by an Immediate Family Member or family representative for board, Accommodation and transportation by the most direct route from the normal place of residence of the Immediate Family Member or family representative to the bedside of such Insured Person and return to the normal place of residence of such Immediate Family Member or family representative, if such Insured Person had been travelling unaccompanied by a family Member at the time he became hospitalized.

Reimbursement of transportation expenses under this section is limited to seventy-five percent (75%) of the cost of one (1) return Fare. If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of

passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of thirty-five cents ($0.35) per kilometre travelled.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Family Transportation and Accommodation Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Rental Expense Benefit

If, as a result of Injury, Sickness or Disease, an Insured Person is confined as an inpatient in a Hospital and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable expenses actually incurred by the Insured Person for the rental of a telephone and/or television set.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Rental Expense Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Hotel Convalescence Benefit

If, while outside of the Insured Member's place of permanent posting as stated under Item 2 of the Specific Provisions and as the result of Injury, Sickness or Disease, the attending Physician certifies in writing that the Insured Person, due to his medical condition, is prohibited from resuming any travel following discharge from the Hospital, the Insurer will pay the reasonable and necessary expenses actually incurred for board and Accommodation.

The maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Hotel Convalescence Benefit stated under Item 3 of the Specific Provisions as a result of any one (1) Accident, Sickness or Disease.

Maximum Limit of Indemnity

With the exception of those benefits listed below, the total amount payable under this policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of Indemnity stated under Item 4 of the Specific Provisions.

The following benefits are excluded from the Maximum Limit of Indemnity:

Evacuation Benefit
Dental Benefit
Repatriation Benefit
Emergency Air Transportation Benefit
Family Transportation and Accommodation Benefit
Rental Expense Benefit
Hotel Convalescence Benefit

Deductible

The deductible amount indicated under Item 3 of the Specific Provisions applies to all benefits payable under the sections listed below as a result of any one (1) Accident, Sickness or Disease.

Medical Reimbursement Expense Benefit
Emergency Treatment Benefit
Maternity Benefit
Reimbursement of insured expenses commences following satisfaction of the deductible amount, if any.

Coinsurance

The coinsurance percentage indicated under Item 3 of the Specific Provisions applies to all benefits payable under the sections listed below as a result of any one (1) Accident, Sickness or Disease.

Medical Reimbursement Expense Benefit
Emergency Treatment Benefit
Maternity Benefit
Dental

Reimbursement of insured expenses will be made at the percentage indicated, following satisfaction of the deductible, if any.

Recurrent Injury, Sickness or Disease

If an Injury, Sickness or Disease causes the Insured Person to incur eligible expenses following which a continuous period of six (6) or more months elapses during which the same Injury, Sickness or Disease does not cause the Insured Person to incur any eligible expenses and does not require any treatment of the Insured Person by a Physician, the Insured Person will be deemed to have recovered from the Injury, Sickness or Disease at the end of the period of six (6) or more months. Thereafter, a subsequent recurrence of the Injury, Sickness or Disease, which causes the Insured Person to incur eligible expenses will be deemed to be a different Injury, Sickness or Disease to which the full Maximum Limit of Indemnity will be applicable without any reduction or variation by reason of eligible expenses incurred as a result of the Injury, Sickness or Disease from which the Insured Person was deemed to have recovered.

Indemnity Payments

Unless otherwise indicated, all benefits including those benefits payable for Insured Spouse and/or Insured Dependent Children, will be paid to or at the direction of the Insured Member. Accrued benefits, if any, unpaid at the time of the Insured Member's death will be paid to his estate.

Individual Terminations

Insurance provided under this policy will immediately terminate on the earliest of the following dates:

A. With respect to an Insured Member

1. on the date this policy is terminated;

2. on the premium due date if the Policyholder fails to pay the required premium for the Insured Member, except as a result of an inadvertent error;

3. on the date the Insured Member reaches seventy (70) years of age;

4. two (2) days after the date the Insured Member ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder except when the Insured Member has completed his foreign work assignment and is waiting to become eligible under either a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plan and premiums are paid;
5. on the date the Insured Member becomes eligible under either a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plan;
6. on the date the Insured Member returns to his country of citizenship except as provided under the sections entitled "Emergency Treatment Benefit" and "Continuation of Coverage".

B. With respect to the Insured Spouse and/or Insured Dependent Child

1. on the date such person ceases to be eligible except when the Insured Spouse and/or Insured Dependent Child is waiting to become eligible under either a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plan and premiums are paid;
2. on the date the Insured Memeber's insurance is terminated except when the Insured Spouse and/or Insured Dependent Child is waiting to become eligible under either a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plan and premiums are paid;
3. on the date the Insured Spouse or Insured Dependent Child becomes eligible under either a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plan;
4. on the date the Insured Spouse or Insured Dependent Child returns to the Insured Memeber's country of citizenship except as provided under the sections entitled "Emergency Treatment Benefit" and "Continuation of Coverage".

Termination of the insurance of any Insured Person will not prejudice consideration of any claim submitted within ninety (90) days of such termination as a result of Injury, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness or Disease, subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, benefits will not be payable for any expenses incurred after the Insured Person is no longer confined as an inpatient in a Hospital or twelve (12) months from the first (1st) day of hospitalization, whichever occurs first.

Continuation of Coverage

A. In the event an Insured Person leaves the country of posting during the Insured Member's course of foreign work assignment for any reason approved by the Policyholder and provided premiums are paid for such Insured Member, this policy will be extended while the Insured Person is outside of the country of posting subject to a maximum duration of sixty (60) days for each return.

B. If an Insured Member has completed his foreign work which caused him to become covered under the terms of this policy and if he is expected to be reassigned by the Policyholder to another assignment which will qualify him for coverage under the terms of this policy, then at the discretion of the Policyholder coverage for such Insured Member and his dependents, if any, will be continued until such re-assignment or until ninety (90) days from the date of completion of the original assignment, whichever is sooner, subject to payment of premium which will be calculated at the Insurer's rates then in force for the location the Insured Member will be staying.

C. Coverage under this policy may be continued for an Insured Member and his Insured Spouse and/or Insured Dependent Children during any approved leave of absence, temporary lay-off, maternity/parental leave or

disability leave of the Insured Member or of the Insured Spouse, provided payment of premium is continued. Coverage as provided under this clause will terminate at 12:01 a.m., Standard Time:

1. With respect to any approved leave of absence, temporary lay-off or maternity/parental leave, on the first (1st) day of the month following the completion of a twelve (12) month period that started on the date such approved leave of absence, temporary lay-off or maternity/parental leave began or on the date the Insured Member returns to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier. Extensions of coverage for periods in excess of twelve (12) months may be granted, provided written request is submitted by the Policyholder to the Insurer.

2. With respect to any approved disability leave, on the date the Insured Member reaches seventy (70) years of age, on the date the Insured Member returns to work in any capacity or on the first (1st) of the month following the completion of a twelve (12) month period from the first (1st) day of disability, whichever is earlier.

D. For Canadian citizens only: If an Insured Member has completed his foreign work which caused him to become covered under the terms of this policy and the Insured Member, the Insured Spouse and the Insured Dependent Children are waiting to become eligible under a Canadian federal and/or provincial health and hospitalization insurance plan or the Policyholder's other group hospital and medical insurance plan and premiums are paid, the medical benefit under this policy will be extended while the Insured Member, the Insured Spouse and the Insured Dependent Children are in their normal province or territory of residence subject to a maximum duration of ninety (90) days in all provinces of Canada except Quebec where the maximum duration will be limited to one hundred and eighty (180) days.

E. Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date as follows:

1. If the Insured Person is returning to the country of which he is a citizen or place of permanent posting and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated.

2. If, as a result of Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.

3. If, as a result of Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to the country of which he is a citizen or place of permanent posting, coverage will continue up to a maximum of ten (10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Insured Person's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

Exclusions and Limitations

A. This policy does not cover loss (fatal or non-fatal) or expenses caused by or resulting from:

1. suicide or intentionally self-inflicted Injury;

2. war, whether declared or not within Canada and the United States of America;

3. perpetration of acts of terrorism or participation in a riot, insurrection, civil commotion or disturbance;

4. active full-time, part-time or temporary service in the armed forces of any country;

5. pregnancy or childbirth, except as provided under the section entitled “Maternity Expenses Benefit” which will be treated as any other sickness;

6. a trip outside the Insured Member's place of permanent posting stated in Item 2 of the Specific Provisions undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation, except if the sought treatment, assessment or consultation is not available at the place of permanent posting stated in item 2 of the Specific Provisions and if recommended by the attending physician and approved by the Insurer;

7. participation in any professional athletics; or

8. participation in acrobatic or stunt flying, mountaineering, hang gliding, scuba diving, any racing or speed contests.

B. This policy does not cover any of the following supplies or services or costs thereof:

1. expenses paid or payable under any government/group hospital, medical, dental or health care plan, or expenses for which insurance is prohibited by law;

2. medical examinations for the use of third (3rd) party, except for the Policyholder and cosmetic surgery other than those required as a result of an Accident;

3. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, and patent medicines;

4. charges for any experimental medical treatments;

5. services for which no charge would ordinarily be made if there was no insurance coverage;

6. expenses incurred for hearing aids;

7. treatments, consultations and drugs related to infertility; or

8. expenses incurred outside the Insured Member's place of permanent posting stated in Item 2 of the Specific Provisions except as provided under the sections entitled "Emergency Treatment Benefit" and "Continuation of Coverage" or except if the expenses are incurred for a treatment, assessment or consultation that is not available at the place of permanent posting stated in item 2 of the Specific Provisions and if recommended by the attending physician and approved by the Insurer.

C. In consultation with the attending Physician, the Insurer reserves the right to transfer an Insured Person to another Hospital or return an Insured Person to the country of which he is a citizen for necessary treatment. In the event the Insured Person refuses to comply, the Insurer will no longer be liable for further expenses incurred, which are related to the condition causing the treatment, after the proposed transfer date.

Non-Duplication

Any benefits normally payable under any other insurance policy or plan that duplicate benefits payable under this policy will be co-ordinated with this policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred.

The Insurer may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.

General Provisions

Notice of claim Written notice of loss must be given to the Insurer within thirty (30) days after the date of such loss. Such notice given by or on behalf of the Insured Person, as the case may be, to the Insurer at its Head Office, 2020, University Street, Suite 700, Montréal (Québec), H3A 2A5, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

Claim Forms The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss within thirty (30) days after the receipt of such notice.

Proof of Loss Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the loss.

Physical Examination The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder.

Payment of Claims All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy is payable in the lawful money of Canada, the United States of America or the official currency in force in the country of posting. All internal limits are in the lawful money of Canada.
The insurance of an Insured Person is non-assignable.
This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for
insurance will be deemed representations and not warranties.

Legal Actions Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. Thereafter, the claimant will be limited to a one (1) year period [three (3) years in the province of Quebec] during which legal action may be taken.

Conformity with Provincial Law for Insured Canadians If any time limitation specified in this policy for giving notice of claim, or giving proof of Loss, or undertaking legal action is less than that permitted by law of the province in which the Insured Person is residing at the time of the Accident resulting in Loss, then the time limitation will not be less than that provided for by provincial law.

Conformity with territorial Laws for Insured Non Canadians If any time limitation specified in this policy for giving notice of claim, or giving proof of Loss, or undertaking legal action is less than that permitted by law of the country in which the Insured Person is residing at the time of the Accident resulting in Loss, then the time limitation will not be less than that provided for by provincial law.

This policy may be cancelled by the Policyholder by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than ninety (90) days thereafter, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.
The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

This policy is non-participating and there will be no entitlement to a share in the surplus earnings of the Insurer.

CLAIMS PROVISIONS
(for Policy A, B, C)

Notice of Claim Written notice of loss on which claim may be based must be given to the Insurer within thirty (30) days after the date of the Accident, Sickness or Disease. Such notice given by or on behalf of the Insured Person or beneficiary, as the case may be, to the Insurer at its Head Office, 2020 University Street, Suite 700, Montréal (Québec), H3A 2A5, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed notice to the Insurer. Failure to give such notice within the time provided in this policy will not invalidate any claim if it is shown not to have been reasonably possible to give such notice during such time and that such notice was given as soon as reasonably possible, but in no event later than one (1) year after the date of the Accident, Sickness or Disease.

Claim Forms The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proof of Loss. If such forms are not so furnished within fifteen (15) days after the Insurer's receipt of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of such Loss upon submitting, within the time fixed in the policy for filing proofs of Loss, written proof covering the occurrence, character and extent of the Loss for which claim is made.

Proof of Loss Written proof of Loss must be given to the Insurer within ninety (90) days after the date of Accident, Sickness or Disease resulting in such Loss. Failure to give such proof within such time will not invalidate any claim if it is shown not to have been reasonably possible to give such proof during such time and that such proof was given as soon as reasonably possible, but in no event later than one (1) year after the date of the Accident.

Physical Examination The Insurer will have the right and opportunity to examine, at its own expense, the person of the Insured Person whose Loss is the basis of claim under this policy, where and so often as it may reasonably require during the pendency of claim hereunder.

Payment of Claims All indemnities provided in this policy for Loss will be paid after due proof of Loss satisfactory to the Insurer has been given in accordance with the requirements of this policy.

All moneys payable under this policy is payable in the lawful money of Canada, the United States of America or the official currency in force in the country of posting. All internal limits are in the lawful money of Canada.

Legal Actions Legal action will not be taken to recover indemnities under this policy until sixty (60) days after proof of Loss has been given in accordance with the requirements of this policy to the Insurer. Thereafter, the claimant will be limited to a one (1) year period [three (3) years in the province of Quebec] during which legal action may be taken.

Conformity with Provincial Law for Insured Canadians If any time limitation specified in this policy for giving notice of claim, or giving proof of Loss, or undertaking legal action is less than that permitted by law of the province in which the Insured Person is residing at the time of the Accident, Sickness or Disease resulting in Loss, then the time limitation will not be less than that provided for by provincial law.

Conformity with Territorial Law for Insured Non Canadians If any time limitation specified in this policy for giving notice of claim, or giving proof of Loss, or undertaking legal action is less than that permitted by law of the country in which the Insured Person is residing at the time of the Accident, Sickness or Disease resulting in Loss, then the time limitation will not be less than that provided for by provincial law.