the vero health care plan

Your Employee Benefits

Administered by

the benefits trust

This Booklet provides you with a brief outline of the benefits for which you and, if applicable, your dependants are eligible. This booklet does not confer or create any contractual or other rights.

The exact terms of the benefits are described in the group policies issued by the insurers as shown in the Participation Agreement for this plan. All rights with respect to the benefits will be governed solely by the group policies and in the event of a discrepancy between the booklet and the group policies, the terms of the group policies will apply.

Benefits described in this booklet are applicable only to persons enrolled according to the records maintained for the group policies.

Please address any questions regarding your benefits to the plan administrator,
The Benefits Trust.

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Health Care Spending Account		

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Benefit Summary

This summary must be read together with the benefits described in this booklet.

EMPLOYEE BASIC LIFE INSURANCE

(Underwritten by ACE INA Life Insurance Policy No. GL10344401)

Principal Sum Amount	Non-Evidence Maximum
Flat $25,000	$25,000

Reduction and Termination: Your benefit amount reduces by 50% at age 65 and terminates upon the attainment of age 70. Maximum issue age is 65.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT

(Underwritten by ACE INA Life Insurance Policy No. SG10344401

Principal Sum Amount
Flat $100,000

Reduction and Termination: Your benefit amount reduces by 50% at age 65 and terminates upon the attainment of age 70. Maximum issue age is 65.

EMPLOYEE CRITICAL ILLNESS BENEFIT

(Underwritten by ACE INA Life Insurance Policy No. CI10344401

Principal Sum Amount
Flat $25,000

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EMPLOYEE BASIC LIFE INSURANCE

(Underwritten by ACE INA Policy No. GL10344401)

This booklet is intended to be a guide to the benefits provided, but in case of dispute the terms and conditions set out in the policy will prevail.

Eligibility

All active permanent members in good-standing of the Policyholder, upon the completion of 3 months waiting period (unless waived by the Plan Sponsor), under age 70.

Benefit Provisions

Employee Life Insurance Benefit

The policy provides a benefit for your nominated beneficiary(ies) if you die while covered. The amount of your life coverage (shown in the Benefit Summary) in effect on the date of your death will be paid when the Insurer receives written proof of death.

If you remain employed beyond age 65 your benefit will be 50% of the amount shown in the 'Benefit Summary'.

Additional Benefits

1. If you suffer loss of life while outside Canada, the Insurer will pay the actual expense incurred for preparing your mortal remains for burial and shipment to your city of residence, subject to a maximum of $5,000.

2. If you suffer loss of life, your life insurance benefit will be increased by 10%, to a maximum of $10,000, if, at the time of the accident, you were driving or riding in a motor vehicle and wearing a properly fastened seat belt. Due proof of seat belt use must be provided as part of the written proof of loss.

3. If you suffers loss of life, the Insurer will pay a "special education benefit" equal to 5% of your Principal Sum to a maximum of $5,000 per year, on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any post-secondary institution of higher learning beyond the 12^{th} grade level, or was at the 12^{th} grade level and subsequently enrolls as a full-time student in an institution of higher learning, within 365 days following the date of your death.

   The "special education benefit" is payable annually for a maximum of four consecutive annual payments, but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

Who will be paid?

If you suffer loss of life while coverage is in place, the Insurer will pay the full amount of your benefit to your last named beneficiary on record.

If you have not named a beneficiary, the benefit amount will be paid to your estate.

Termination of Coverage

Your coverage will terminate if you cease to be employed by your employer, or if later on attainment of age 70.

Conversion Privilege

You may apply to convert all or part of the Group Life Insurance to an individual policy with the Insurer without providing proof of good health.

The request must be made within 31 days of ceasing to be protected under this policy. The premium for the conversion will be based on the amount of coverage being issued and the rates prevailing at the time the conversion privilege is exercised.

There are a number of rules and conditions in the group contract that apply to extending this coverage. The maximum amount available for you to convert is the lesser of the amount of Group Life Insurance you are covered for or two hundred thousand dollars ($200,000).

The conversion policy will take effect at the end of the 31 days allowed for conversion.

Extension of Benefit

If a person dies within the 31 days allowed for the conversion, the total amount of terminated insurance is payable under this policy's death benefit provision as if the death occurred while the insurance was still in force.

Assignment

No assignment of insurance or benefits provided by this policy is permitted.

When and how to make a claim

Claims for life benefits must be notified within 30 days of loss or as soon as reasonably possible. Failure to furnish proof of death within the time required will not invalidate nor reduce any claim, if it is not reasonably possible to furnish the proof within such time, provided the proof is given as soon as is reasonably possible. In no event, will the Insurer accept notice of claim beyond one (1) year.

Claim forms are available from your Plan Administrator.

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BASIC ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

(Underwritten by ACE INA Life Insurance Policy No. SG10344401)

COVERAGE

This benefit is payable, in addition to any other insurance benefits, for paralysis, loss of life, limb, sight, speech or hearing which is the result of accidental bodily injuries and which occur within 365 days from the date of the accident.

This coverage applies 24 hours a day, 365 days a year, on or off the job, anywhere in the world, including while traveling (passenger only) in commercial or chartered aircraft.

Eligibility

You will be eligible for insurance if you are an active permanent member in good-standing of the Policyholder, upon the completion of 3 months waiting period (unless waived by the Plan Sponsor), under age 70.

SCHEDULE OF LOSSES

Accidental Death & Dismemberment, Loss of Sight & Paralysis

If such injuries shall result in any one of the following specific losses within one year from the date of accident, ACE INA Life Insurance will pay the percentage of the Benefit Amount specified under Benefit Amount provided, however, that not more than one (the largest) of such benefits shall be paid with respect to injuries resulting from one accident.

Loss of Life	The Principal Sum
Loss of Both Hands or Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Entire Sight of One Eye	The Principal Sum
Loss of One Foot and Entire Sight of One Eye	The Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Brain Death	The Principal Sum
Loss of Use of Both Arms or Both Hands or Both Feet or Both Legs	Two Times The Principal Sum
Quadriplegia	Two Times The Principal Sum
Paraplegia	Two Times The Principal Sum
Hemiplegia	Two Times The Principal Sum

Loss of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Entire Sight of One Eye	Three-Quarters of The Principal Sum
Loss of Use of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Speech or Hearing in Both Ears	Three-Quarters of The Principal Sum
Loss of Thumb and Index Finger of Same Hand	One-Third of The Principal Sum
Loss of Use of Thumb and Index Finger of Same Hand	One-Third of The Principal Sum
Loss of Four Fingers of the Same Hand	One-Third of The Principal Sum
Loss of Hearing in One Ear	One-Third of The Principal Sum
s of All Toes of Same Foot	One-Quarter of The Principal Sum

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to "Loss of Thumb and Index finger of Same Hand" or "Loss of Four Fingers of Same Hand", the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot.

"Loss" as used with reference to Quadriplegia (paralysis of both upper and lower limbs), Paraplegia (paralysis of both lower limbs) and Hemiplegia (paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided the loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

Exposure and Disappearance
Loss resulting from unavoidable exposure to the elements and arising out of hazards described herein shall be covered to the extent of the benefits afforded you.

If an Insured Person's body has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which he/she was riding at the time of the accident it shall be presumed, subject to all other conditions of the policy, that he/she suffered a loss of life resulting from bodily injuries sustained in an accident covered under this plan.

EXCLUSIONS

The plan does not cover any loss, which is the result of:

1. Intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;

2. Declared or undeclared war or any act thereof, or arising out of any nuclear, chemical or biological contamination due to any act of terrorism;

3. Accident occurring while the Insured Person is serving on full-time active duty in the Armed Forces of any country or international authority;

4. Travel or flight in any vehicle or device for aerial navigation except as a fare paying passenger aboard a licensed scheduled airline;

5. hang gliding, mountaineering, parachuting, sky diving, automobile racing, motorcycle racing and horse racing, or engaging in any professional sport, including underwater activities;

6. the commission or attempted commission by the Insured Person of any act which if adjudicated by a court would be an illegal act under the laws of the jurisdiction where that act was committed;

7. an injury sustained where the Insured Person consumed, used, or had administered any drug, medication, narcotic, toxic substance or any other substance, except for any drug or medication prescribed by a licensed medical practitioner or dentist;

8. operating a motor vehicle either under the influence of any intoxicant or where the Insured Person's blood alcohol concentration is in excess of 80 milligrams of alcohol per 100 millitres of blood;

9. sickness or disease.

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ENHANCED CRITICAL ILLNESS INSURANCE

(Underwritten by ACE INA Life Insurance Policy No. CI10344401)

CRITICAL ILLNESS COVERAGE FOR YOUR SUCCESSFUL RECOVERY AND PEACE OF MIND

People are living longer lives due to healthier lifestyles and advances in medical science which results in a greater number of people surviving illnesses that were once fatal. While we are beating the odds, an alarming number of Canadians will suffer a critical illness in their lifetime. For example:

- 1 in 2 Canadians will contract some form of Heart Disease
- 1 in 3 Canadians will develop some form of life threatening Cancer
- 1 in 4 Canadians will suffer Kidney Failure
- 1 in 20 Canadians will run the risk of having a Stroke before age 70
- 1 in 500 is the incidence rate for Multiple Sclerosis

But, having survived a critical illness, many people are unable to swiftly return to work and are in need of special medical attention or other care. Until recently, coverage for such unexpected needs just wasn't available and while disability insurance provides income protection, it doesn't adequately provide financial assistance for such expenses as:

- Convalescence
- Lifestyle Changes
- Home Modification
- Supplementary Income
- Home Care
- Pension Supplement
- Dependent Care
- Medical Expenses *(not covered by government or private health plans)*

ACE INA Life Insurance Group Critical Illness program was developed to address these needs and therefore alleviate some of the stress and financial burden resulting from a critical illness.

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ELIGIBILITY

You will be eligible for coverage if you are an active permanent member in good-standing of the Policyholder, upon the completion of 3 months waiting period (unless waived by the Plan Sponsor), under age 65.

INSURED CONDITIONS

- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Aorta Surgery
- Benign Brain Tumour
- Blindness
- Cancer
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Heart Attack
- Major Organ Failure
- Multiple Sclerosis
- Paralysis
- Parkinson's Disease
- Severe Burns
- Stroke

ADDITIONAL BENEFITS

- Ductal Carcinoma in situ (DCIS) Benefit
- Loss of Independence Benefit
- Second Event Benefit

BENEFIT

Mandatory Coverage

You will be covered for a flat amount of $25,000.

Benefit amounts are **not subject to satisfactory evidence of insurability**.

Coverage ceases upon the earlier of termination, retirement or the attainment of age 65.

PAYMENT TERMS

If, while coverage is in effect:

(a) but only after coverage has been in effect on the Insured Person for a period of 90 days, the Insured Person is then diagnosed with DCIS or Cancer, whether included or excluded in the policy, or if any symptoms or medical problems manifest themselves which, or the persistence or recurrence of which, subsequently results in an investigation leading to the diagnosis of cancer, and the Insured Person survives for a period of 30 days thereafter, ACE INA Life Insurance will pay the principal sum; or

(b) the Insured Person suffers a Benign Brain Tumour, Heart Attack, Stroke, Major Organ Failure, Multiple Sclerosis, Paralysis, Amyotrophic Lateral Sclerosis, Alzheimer's Disease, Coma, Deafness, Parkinson's Disease, Severe Burns or becomes Blind, and the Insured Person survives for a period of 30 days thereafter (365 days for Paralysis), ACE INA Life Insurance will pay the principal sum; or

(c) the Insured Person undergoes Coronary Artery Bypass Surgery or Aorta Surgery, and the Insured Person survives for a period of 30 days thereafter, ACE INA Life Insurance will pay the principal sum.

DUCTAL CARCINOMA IN SITU (DCIS) BENEFIT

Subject to the terms, conditions and other provisions of the policy, ACE INA Life Insurance will pay the Insured Person 10% of the principal sum up to a maximum of $10,000 if, while insured, the Insured Person is diagnosed with DCIS and survive 30 days thereafter.

The DCIS benefit is payable only once, without interest. Payment of the DCIS benefit reduces the principal sum the Insured Person selected on the Critical Illness enrollment form. Payment of the DCIS benefit will represent full and final discharge of all claims under the DCIS benefit.

The DCIS benefit is not payable if the principal sum has already been paid as a result of the Insured Person suffering or undergoing one of the insured conditions.

LOSS OF INDEPENDENCE BENEFIT

Subject to the terms, conditions and other provisions of the policy, ACE INA Life Insurance will pay the Insured Person 25% of the principal sum if, while insured, the Insured Person is diagnosed with Loss of Independence.

The Loss of Independence benefit is payable only once, without interest. Payment of the Loss of Independence benefit reduces the principal sum the Insured Person selected on the Group Critical Illness enrollment form. Payment of the Loss of Independence benefit will represent full and final discharge of all claims under the Loss of Independence benefit.

The Loss of Independence benefit is not payable if the principal sum has already been paid as a result of the Insured Person suffering or undergoing one of the insured conditions.

SECOND EVENT BENEFIT

If an Insured Person is diagnosed with Cancer for which the Principal Sum has been paid and has thereafter been considered Actively at Work for at least 90 days (applicable to Employee only) and is then diagnosed with a Heart Attack, Stroke or Coronary Artery Bypass, the Second Event benefit payable will be equal to the Principal Sum. The Second Event benefit is subject to the Insured Person surviving 30 days after the diagnosis of Heart Attack, Stroke or Coronary Artery Bypass.

If the Insured Person is diagnosed with Heart Attack, Stroke or Coronary Artery Bypass for which the Principal Sum has been paid and has thereafter been Actively at Work for at least 90 days (applicable to Employee only) and is then diagnosed with Cancer, the Second Event benefit payable will be equal to the Principal Sum. The Second Event benefit is subject to the Insured Person surviving 30 days after the diagnosis of Cancer.

The Second Event benefit is payable only once. Payment of the Second Event benefit will represent full and final discharge of all claims under the Second Event Benefit.

Employees who have had a prior claim paid, and therefore their coverage has terminated, will not be eligible to re-enroll and become eligible for a Second Event claim.

PRE-EXISTING MEDICAL CONDITION PROVISION

If you or your covered dependents suffer a sickness or sustain an injury for which medical advice, consultation, investigation, or diagnosis was sought or received, or for which treatment was required or recommended by a licensed medical practitioner during the ***24 months*** immediately prior to you or your covered dependent's effective date of insurance or prior to any increase in the amount of insurance and, which directly or indirectly causes the specified covered condition to occur within the first ***24 months*** from you or your covered dependent's effective date of insurance or from any increase in the amount of insurance, a benefit will not be payable.

DEFINITIONS

Alzheimer's Disease: Means the diagnosis that the Insured Person has Alzheimer's Disease, which is a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the Insured Person exhibits the loss of intellectual capacity resulting in impairment of their memory and judgment, which results in a significant reduction in their mental and social functioning, such that they require permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured condition definition. A physician who is certified as either a neurologist or a psychiatrist must confirm diagnosis in writing.

Amyotrophic Lateral Sclerosis (ALS): Means unequivocal diagnosis of ALS resulting in the inability to perform 3 of the 6 activities of daily living without assistance. A physician who is certified as a neurologist must confirm diagnosis in writing.

Aorta Surgery: Means surgery to the aorta that is medically required to treat disease of the aorta and that involves the excision and surgical replacement of the diseased aorta with a graft. The Aortic Surgery must be performed on the prior written advice of a physician certified as a cardiovascular surgeon. Aorta includes the thoracic and abdominal aorta but does not include any of the branches of the aorta.

Benign Brain Tumour: Means a benign neoplasm in the brain or meninges with histologic confirmation. Cysts granulomas, malformations of intracranial arteries or veins, and tumours or lesions of the pituitary are specifically excluded. The diagnosis must be confirmed neuro-radiologically by a specialist trained in the interpretation of radiological investigations.

Blindness: Means the total and irrecoverable loss of sight in both eyes due to injury or sickness. Corrected visual acuity must be 20/200 or less in both eyes and the field of vision must be less than 20 degrees in both eyes. A physician certified in ophthalmology, must clinically confirm the diagnosis in writing.

Cancer: Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes Leukemia, Hodgkin's Disease and invasive melanoma but does not include:

- Carcinoma in situ
- Kaposi's Sarcoma (or other AIDS related cancers) and cancer in the presence of human immunodeficiency virus (HIV).
- Skin cancer or melanoma that is not invasive and has not exceeded .75 millimeters in depth.
- Prostate cancer diagnosed as T1 N0M0 or equivalent staging.

A physician certified as an oncologist must confirm diagnosis in writing.

Coma: Means you have been in a state of unconsciousness for a continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A physician who is certified as a neurologist must confirm diagnosis in writing.

Coronary Artery Bypass Surgery: Means surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial techniques will not be considered to be a covered Critical Illness.

Deafness: Means the diagnosis of permanent loss of hearing in both of your ears, with an auditory threshold of more than 90 decibels in each ear. A physician, who is certified as an otolaryngologist must confirm diagnosis in writing.

Ductal Carcinoma in situ (DCIS): Means the diagnosis by a licensed physician, of the presence of ductal carcinoma in situ of the breast, as confirmed by a biopsy. A physician certified as an oncologist must confirm the diagnosis in writing.

Heart Attack: Means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be confirmed in writing by a physician who is a certified specialist in internal medicine or cardiologist and should be based on new electrocardiograph changes consistent with heart attack and at least one of the following;

elevation of cardiac biochemical markers or elevation in cardiac enzyme, to levels consistent with heart attack.

Heart attack does not include elevation of cardiac biochemical markers or elevation of cardiac enzymes due to coronary angioplasty unless accompanies by diagnostic changes of a new Q wave infarction on the ECG.

Loss of Independence: Means the definitive diagnosis by a licensed physician of either:

- Being totally and permanently unable to perform, by oneself, at least 2 of the 6 activities of daily living or,
- Cognitive impairment.

A mental or nervous disorder without a demonstrable organic cause is not covered. Loss of independence must persist for at least 90 days from the date of the diagnosis.

Major Organ Failure: Means the irreversible failure of the entire heart, entire liver, entire pancreas (pancreatic islet cell transplants are excluded) both lungs, both kidneys or bone marrow, in which the affected organ is unresponsive to any treatment and for which the Insured Person medically required to become enrolled in a recognized Canadian transplant program to become the recipient of a heart, a liver, a pancreas, a lung, or a kidney or to receive a bone marrow transplant.

Multiple Sclerosis: Means the unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function, but not necessarily confining the Insured Person to a wheelchair or bed.

Paralysis: Means the total and irrecoverable loss of function of 2 or more limbs through neurological damage due to injury or sickness, provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent. A physician certified as a neurologist must confirm diagnosis in writing.

Parkinson's Disease: Means unequivocal diagnosis of primary idiopathic Parkinson's Disease resulting in the inability to perform 3 of the 6 activities of daily living without assistance. Diagnosis should show signs of progressive impairment and must be confirmed in writing by a physician who is certified as a neurologist

Severe Burns: Means the Insured Person has third degree burns covering at least 20% of the surface area of their body. A physician who is certified as a plastic surgeon must confirm diagnosis of this condition in writing.

Stroke: Means that the Insured Person has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the Stroke, confirmed in writing by a physician who is certified as a neurologist.

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LIMITATIONS & EXCLUSIONS

The plan does not provide benefits for any of the specified coverages caused directly or indirectly by or resulting from intentionally self-inflicted injury, suicide or any attempt thereat, while sane or insane; declared or undeclared war or any act thereof; injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages; a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex; the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel; the commission or attempted commission by the Insured Person of any act which if adjudicated by a court would be an illegal act under the laws of the jurisdiction where the act was committed; misuse of medication or the abuse of drugs or intoxicants; or a pre-existing medical condition except where coverage has been in effect for a period of 24 months following your or your covered dependent's effective date of coverage.

CONTINUANCE OF COVERAGE

If the Insured Person is (1) laid-off on a temporary basis, (2) temporarily absent from work due to short-term disability, (3) on leave of absence, or (4) on maternity leave, coverage shall be extended for a period of 12 months following the beginning of any such event subject to continued payment of premium.

CONVERSION

On the date of termination of employment or during the 31 day period following termination of employment, you may convert your insurance to an individual insurance policy of ACE INA Life Insurance. The individual policy will be effective either as of the date that ACE INA Life Insurance receives the application or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same as a person would ordinarily pay when applying for an individual policy at that time. Application for an individual policy may be made at any office of ACE INA Life Insurance. The amount of insurance benefit converted to shall not exceed that amount issued during employment up to an all policies combined maximum of $25,000.

HOW TO CLAIM

In the event of a claim, claim forms can be obtained from the Plan Administrator.

IMPORTANT

This brochure has been prepared in connection with a group plan underwritten by ACE INA Life Insurance. For ease of reference it contains a brief description only and does not mention every provision of the policy issued. Please remember that rights and obligations are determined in accordance with the policy and not this brochure. For the exact provisions applicable, please consult your Plan Administrator.

Underwritten by: **ACE INA Life Insurance**

Effective date: **August 1, 2009**

0709

Excess Medical Stop Loss Insurance

Eligibility

Full Time Employees under age 70, working a minimum of 24 hours per week. Eligible upon completion of three (3) continuous months of employment.

Excess Medical Stop Loss Coverage

Description of Benefit

Provides catastrophic insurance protection for in-Canada Health Care expenses in excess of a $5,000 deductible per insured person per benefit year.

Covered Percentage

100% reimbursement.

Maximum Benefit

Maximum $1,000,000 per insured person in their lifetime.

Covered Expenses

Payment will be made for eligible in-Canada Health Care expenses in excess of $5,000 per insured person per benefit year.
Eligible expenses include (but are not necessarily limited to) semi-private hospital room, convalescent home, drugs which legally require a prescription, private duty nursing care.

Pre-Existing Condition Exclusion

Reimbursement of Medical Expenses will be excluded under the policy for any sickness or bodily injury for which:

a) the Insured Person received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the six month period prior to becoming eligible for coverage under the policy, or
b) the Insured Person had symptoms for which an ordinarily prudent person would have consulted a health care provider in the six month period prior to becoming eligible for coverage under the policy, and
c) the claim expenses were incurred within twenty-four (24) months of the Insured Person's effective date of coverage under the policy.

Schedule of Benefits

The Benefits Trust – VERO Health Care Plan

Policyholder Name

29976318

Policy Number

This booklet contains further clauses which may limit coverage. Please read all the benefit description pages carefully. Please note that all dollar amounts are expressed in Canadian currency.

Overall Maximum per Insured Person	$5,000,000 per Coverage Period
Description of Classes	All eligible active full-time employees under age 70
Work hours required	A minimum of 24 hours per week
Eligibility Period	3 continuous months of employment
Termination Age	70 or earlier retirement
Common Law Spouse Cohabitation Period	Continuous cohabitation: Last 12 months
Age Limits for Dependent Children	Under age 21, or under age 26 if a full-time student at a recognized educational institution
Pre-existing condition stability Period	Exclusion 2 does not apply
Coverage Period	60 days per Trip

BENEFIT SUMMARY

Refer to Section II – BENEFITS for benefit details

Hospital Accommodation	Reasonable & Customary Costs
Physician Charges	Reasonable & Customary Costs
Diagnostic Services	Reasonable & Customary Costs
Paramedical Services	$250 per Profession
Prescription Drugs	30-day supply per Prescription
Ambulance Services	Reasonable & Customary Costs
Medical Appliances	Reasonable & Customary Costs
Private Duty Nurse	Up to $5,000
Emergency Air Transportation	Reasonable & Customary Costs
Transportation to Bedside	Economy Round-trip Airfare plus up to $150 per day to $3,000
Return of Travelling Companion	One-way Airfare
Treatment of Dental Accidents	Up to $2,000
Meals and Accommodation	Up to $150 per day, to $3,000 per Trip
Vehicle Return	Up to $5,000
Return of Deceased	Up to $5,000
Incidental Expenses	Up to $250

Out-of-Province/Canada
Travel Medical Emergency Insurance

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances occurring while You are temporarily travelling outside Your province or territory of residence. It is important that You read and understand Your plan before You travel. In the event of any discrepancy between the provisions of a booklet or other document You hold and the provisions of the Policy, the provisions of the Policy shall govern. The Insurer has contracted Global Excel Management Inc. (called "Global Excel") to provide medical assistance and claims services under the Policy.

IN THE EVENT OF AN EMERGENCY,
YOU MUST CALL GLOBAL EXCEL IMMEDIATELY:
The emergency telephone numbers are listed on the back of
the Medical Assistance Card provided.

Global Excel must be contacted before You seek medical treatment. If Your condition renders You unable to do so, then someone else must contact Global Excel immediately for You. Do not assume that someone will contact Global Excel on Your behalf. It remains Your responsibility to ensure that Global Excel has been contacted prior to receiving medical treatment or as soon as reasonably possible.

If You incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the Policy expressly requires the prior approval or authorization of Global Excel, on the basis of the Reasonable and Customary Costs that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the Policy. Such expenses may be higher than this amount; therefore You will be responsible for paying any difference between the amount You incur and the Reasonable and Customary Costs reimbursed by the Insurer.

SECTION I — INDIVIDUAL COVERAGE ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Participant Coverage

To be covered under the Policy as a Participant, You must meet the following eligibility requirements:

1. be covered under the Government Health Insurance Plan of Your province or territory of residence;
2. be covered under the basic group extended health care plan of the Policyholder;
3. be younger than the Termination Age specified in the Schedule of Benefits;
4. have Your place of employment in Canada;
5. have Your permanent residence in Canada; and
6. a) if You are covered as an employee of the Policyholder, You must also:
    1. work the minimum number of hours per week specified in the Schedule of Benefits; and
    2. have satisfied the eligibility period specified in the Schedule of Benefits.

    or

    b) if You are covered as a member of the Policyholder who is other than an employer, You must also:
    1. be a member in good standing of the Policyholder; and
    2. be on the monthly list of members entitled to coverage provided to the Insurer by the Policyholder.

Participant coverage will become effective on the later of:

1) the date the Policy becomes effective; or
2) the date the Participant's coverage becomes effective under the basic group extended health care plan of the Policyholder.

Coverage for disabled employees or employees who are not Actively at Work on the date their coverage would normally become effective will become effective on the date the employee resumes active work.

Participant coverage will terminate immediately upon the first to occur of:

1. the date You cease to meet the above eligibility requirements for Participant coverage;
2. the date the premium is due if the Policyholder does not remit Your premium to the Insurer, except where this is the result of clerical error; or
3. the date the Policy is terminated.

Dependent Coverage

To be covered under the Policy as a Dependent, You must meet the following eligibility requirements:

1. be covered under the Government Health Insurance Plan of Your province or territory of residence;
2. be covered as a Dependent under the basic group extended health care plan of the Policyholder; and
3. meet the definition of Dependent in the Policy.

Dependent coverage, if any, will become effective on the later of:

1. the date the Policy becomes effective; or
2. the date the Dependent's coverage becomes effective under the basic group extended health care plan of the Policyholder,

but in no event prior to date the Participant's insurance becomes effective.

Dependent coverage will terminate immediately upon the first to occur of:

1. the date the Dependent ceases to meet the above eligibility requirements for Dependent coverage;
2. the date the Participant's coverage terminates, except if termination is due to the death of the Participant, in which case Your coverage will continue until the earlier of the expiry of two (2) years or the date You cease to meet the definition of Dependent or reach the Termination Age specified in the Schedule of Benefits or remarry or die, provided the Policyholder continues to make the required premium payments; or
3. the date the Policy is terminated.

SECTION II — BENEFITS

The Policy covers expenses that are:

- incurred outside the province or territory of residence of the Insured Person;
- Medically Necessary;
- Reasonable and Customary Costs;
- incurred as a result of an Emergency due to sudden and unforeseen Sickness and/or Injury occurring during the Coverage Period;
- in excess of those covered by the Government Health Insurance Plan or other insurance under which You may have coverage; and
- legally insurable;

subject to the Overall Maximum per Insured Person specified in the Schedule of Benefits.

In the event of an Emergency, the following benefits are payable under the Policy. However, certain expenses, as specified below, are covered only if You obtain the prior approval of Global Excel.

1. **Hospital Accommodation**: Room and board costs up to the semi-private room rate charged by the Hospital. If Medically Necessary, expenses for treatment in an intensive or coronary care unit are also covered. If coverage terminates for any reason during Your Hospital stay, benefits continue until discharge, to a maximum of one year. In no case will expenses for In-patient stays be covered for a period greater than 365 days per Insured Person.
2. **Physician Charges**: Charges for treatment by a Physician.
3. **Diagnostic Services**: Laboratory tests and x-rays prescribed by the attending Physician and that are part of the Emergency treatment. The Policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.
4. **Paramedical Services**: The services (including x-rays) of a licensed chiropractor, physiotherapist, podiatrist or osteopath, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per Insured Person, per profession listed above, when approved in advance by Global Excel.
5. **Prescriptions**: Drugs, including injectable drugs, and sera that can only be obtained upon medical prescription, that are prescribed by a Physician and that are supplied by a licensed pharmacist when Medically Necessary for Emergency treatment, except when needed to stabilize a chronic condition or a medical condition which You had before Your Trip. This benefit is limited to a 30-day supply per prescription, unless You are hospitalized.
6. **Ambulance Services**: When reasonable and Medically Necessary, licensed ground ambulance service to the nearest medical facility.
7. **Medical Appliances**: When approved in advance by Global Excel, minor appliances such as crutches, casts, splints, canes, slings, trusses, braces, walkers and/or the temporary rental of a wheelchair when prescribed by the attending Physician, obtained outside Your province or territory of residence and Medically Necessary.
8. **Private Duty Nurse**: The professional services of a registered private nurse, when Medically Necessary and while hospitalized, to the maximum specified in the Benefit Summary section of the Schedule of Benefits, per Insured Person, when approved in advance by Global Excel.
9. **Emergency Air Transportation**: When approved and arranged in advance by Global Excel:
   a) air ambulance to the nearest appropriate medical facility or to a Canadian Hospital for immediate Emergency treatment;
   b) transport on a licensed airline with an attendant (where required) to return You to Your province or territory of residence for immediate Emergency treatment.
10. **Transportation to Bedside**: When approved in advance by Global Excel, a single round-trip economy airfare from Canada plus up to the amounts specified in the Benefit Summary section of Schedule of Benefits for the cost of meals and commercial accommodation for one of the following: Spouse, parent, child, brother, sister or business partner, to:
    a) be with You if You are travelling alone and have been hospitalized as the result of an Emergency. To be payable, this benefit requires that You eventually be hospitalized as an In-patient for at least three (3) consecutive days outside Your province or territory of residence and that the attending Physician provide written certification that the situation was serious enough to warrant the visit; or
    b) identify the deceased Insured Person prior to the release of the body, where necessary.

    The Insurer will only reimburse covered expenses evidenced by original receipts.
11. **Return of Travelling Companion**: If You are returned to Your province or territory of residence under the Emergency Air Transportation benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a travelling companion to return to Canada, when approved in advance by Global Excel.

12. **Treatment of Dental Accidents**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits per Insured Person for Emergency dental treatment to repair natural, vital and sound teeth or permanently attached artificial teeth provided the Injury was caused by an external, accidental blow to the mouth or face. You must consult a Physician or dentist immediately following the Injury. Treatment must begin during the Coverage Period and be completed prior to returning to Your province or territory of residence. An accident report is required from a Physician or dentist for claims purposes.
13. **Meals and Accommodation**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits per Participant, for the cost of commercial accommodation and meals for the Participant and/or any of his/her Dependents when their Trip is extended beyond the last day of the scheduled Trip due to the Sickness and/or Injury suffered by an Insured Person. This benefit must be authorized in advance by Global Excel. The fact that You are unable to travel must be certified by the attending Physician and supported with original receipts from commercial organizations.
14. **Vehicle Return**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits if neither You, nor someone travelling with You, are able to operate Your Vehicle, whether owned or rented, during Your Trip due to Sickness and/or Injury. Arrangements and payment will be made for the return of the Vehicle to Your home in Your province or territory of residence or the nearest appropriate rental agency. Benefits will only be payable for a single person to return the Vehicle when approved and/or arranged in advance by Global Excel. This benefit does not cover wages lost by the person driving Your Vehicle. The Insurer will only reimburse covered expenses evidenced by original receipts.
15. **Return of Deceased**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits towards the cost of preparation and transportation of the deceased Insured Person to their province or territory of residence in the event of death due to a Sickness and/or Injury.

    In the case of cremation and/or burial at the place of death of the Insured Person, this benefit is limited to $2,500.

    The cost of the casket or urn is not covered.
16. **Incidental Expenses**: To the maximum specified in the Benefit Summary section of the Schedule of Benefits for Your out-of-pocket expenses such as telephone charges, television rental and parking while You are hospitalized for an Emergency and the expenses are incurred as a direct result of such hospitalization. The Insurer will only reimburse covered expenses evidenced by original receipts.

SECTION III — EXCLUSIONS

The Policy does not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Treatment or services normally covered or reimbursable under a Government Health Insurance Plan or under other insurance You might have.
2. Any condition that existed prior to departure unless such pre-existing medical condition has been stable (i.e. no change in symptoms, no hospitalization, no change in condition, no new prescription drugs or prescribed change in treatment or medication) immediately prior to departure for the Pre-existing Condition Stability Period specified in the Schedule of Benefits.
3. Any Trip booked or commenced contrary to medical advice or after You are diagnosed with Terminal Illness.
4. Any medical condition for which, prior to departure, medical evidence suggests a reasonable expectation that treatment or hospitalization could be required while travelling.
5. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain and suffering or that You elect to have provided outside Your province or territory of residence when medical evidence indicates that You could return to Your province or territory of residence to receive such treatment. The delay to receive treatment in Your province or territory of residence has no bearing on the application of this exclusion.
6. Treatment or surgery during a Trip when the Trip is undertaken for the purpose of securing or with the intent of receiving medical or Hospital services, whether or not such Trip is taken on the advice of a Physician.
7. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by Global Excel prior to being performed, except in extreme circumstances where such surgery is performed on an Emergency basis immediately upon admission to Hospital.
8. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel,
9. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, treatment of an Ongoing Condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or treatment and medical treatment of an acute Sickness and/or Injury after the initial Emergency has ended (as determined by the Medical Director of Global Excel).
10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless hospitalized.

11. Emergency air transportation and/or car rental unless approved and arranged in advance by Global Excel.
12. Treatment not performed by or under the supervision of a Physician or licensed dentist.
13. Treatment or hospitalization of mother or child as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four (4) weeks before or after the expected delivery date.
14. War, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution or military power.
15. Terrorism or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate terrorism except for ensuing loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.
16. Committing or attempting to commit an illegal act or a criminal act.
17. Suicide (including any attempt thereat) or self-inflicted injury, whether or not You are sane.
18. Service in the armed forces.
19. Participation in any sport as a professional athlete (for which You are remunerated), or in motorized or mechanically-assisted racing or speed contests (defined as an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).
20. Loss or damage to eyeglasses, sunglasses, contact lenses, or prosthetic teeth, limbs or devices and resulting prescription thereof.
21. The replacement of an existing prescription whether by reason of loss, unless otherwise specified elsewhere in the Policy, renewal or inadequate supply or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of an Emergency.
22. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by Global Excel.
23. The cost of any airline ticket covered under the Policy where Your ticket may be exchanged or used for the same purpose.
24. Crowns and root canals.
25. Treatment or services received in the province where You attend school or work on a full-time basis or in Your home country, if You are a foreign student studying in Canada or a non-resident working in Canada.

SECTION IV — GENERAL PROVISIONS AND LIMITATIONS

1. **Notice to Global Excel**: In the event of a Sickness and/or Injury likely to give rise to an Emergency, You must give immediate notice to Global Excel. Failure to do so may limit the benefits payable under the Policy. If You incur any expenses without prior approval by Global Excel, such expenses will be covered, except where the Policy expressly requires the prior approval or authorization of Global Excel, on the basis of the Reasonable and Customary Costs that would have been payable for such expenses by the Insurer in accordance with the terms and conditions of the Policy. Such expenses may be higher than this amount; therefore You will be responsible for paying any difference between the amount You incur and the Reasonable and Customary Costs reimbursed by the Insurer.

2. **Transfer or Medical Repatriation**: During an Emergency (whether prior to admission or during a covered hospitalization), the Insurer reserves the right to:

   a) transfer You to one of Global Excel's preferred health care providers, and/or

   b) return You to Your province or territory of residence

   for the medical treatment of Your Sickness and/or Injury where this poses no danger to Your life or health. If You choose to decline the transfer or return when declared medically stable by the Medical Director of Global Excel, the Insurer will be released from any liability for expenses incurred for such Sickness and/or Injury after the proposed date of transfer or return. Global Excel will make every provision for Your medical condition when choosing and arranging the mode of Your transfer or return and, in the case of a transfer, when choosing the Hospital.

3. **Limitation of Benefits**: Once You are deemed medically stable to return to Canada (with or without medical escort) either in the opinion of the Medical Director of Global Excel or by virtue of discharge from a medical facility, Your Emergency will be deemed to have ended, whereupon any further consultation, treatment, recurrence or complication related to the Emergency will no longer be eligible for coverage under the Policy.

4. **Misrepresentation and Non-Disclosure**: Your entire coverage under the Policy shall be voidable if the Insurer determines, whether before or after loss, that You or the Policyholder have concealed, misrepresented or failed to disclose any material fact or circumstance concerning the Policy or Your interest therein, or if You or the Policyholder refuse to disclose information or to permit the use of such information, pertaining to any of the Insured Persons under the Policy. Consequently and following a loss, no claim shall be payable by the Insurer and You shall be solely responsible for all expenses relating to Your claim, including medical repatriation costs.

5. **Subrogation**: If You suffer a loss covered under the Policy, the Insurer is granted the right from You to take action to enforce all Your rights, powers, privileges, and remedies, to the extent of benefits paid under the Policy, against any person, legal person or entity which caused such loss. Additionally, if "no fault" benefits or other collateral sources of payment of medical expenses are available to You, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action it may do so at its own expense, in Your name, and You will attend at the place of loss to assist in the action, in addition to providing the Insurer all information, cooperation and assistance the Insurer may reasonably require. If You institute a demand or action for a covered loss, You shall immediately notify the Insurer so that the Insurer may safeguard its rights.

   Notwithstanding any provisions in the Policy to the contrary, the Insurer's rights under this paragraph shall be governed by the laws of the state, province, or district where the loss occurs, or where benefits under the Policy are paid.

   You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

6. **Arbitration**: Notwithstanding any clause in the Policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim.

   The arbitration proceedings shall be governed by the arbitration law in force in the Canadian province or territory of residence of the Participant. The parties agree that any action will be referred to arbitration.

7. **Applicable Law**: The Policy is governed by the laws of the Canadian province or territory of residence of the Participant. Any legal proceeding by the Insured Person, his heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the Participant.

8. **Other Insurance**: If, at the time of loss, You have insurance from another source, or if there is any other party responsible for benefits provided under the Policy, the Insurer will pay covered expenses only in excess of those covered by that other insurer or other responsible party, including credit cards, private or public health plans, private or provincial auto plans, or any other insurance, whether collectable or not, which provides the Insured Person with some or all of the benefits and coverage provided under the Policy. If, however, that other insurance is also "excess only", the Insurer will coordinate payment of all eligible claims with that other insurer. All coordination follows the Canadian Life and Health Insurance Association guidelines. In no case, will the Insurer seek to recover against employment related plans if the lifetime maximum for all in country and out-of-country benefits is $50,000 or less.

9. **Co-ordination and Order of Benefits**: If a person has coverage under another plan that does not provide for co-ordination of benefits, that plan will be considered primary carrier and will be responsible for making the initial payment. If the other plan does provide for co-ordination of benefits, the order of benefit will be as follows:

   Participant and Dependent Spouse

   The plan insuring the Participant or the Participant's dependent Spouse as an employee/ member pays benefits before the plan insuring the Participant or the Participant's Spouse as a Dependent.

   Dependent Child

   If the dependent child is insured as a Dependent under the Participant's and the Spouse's plans, benefits will first be payable under the plan of the parent whose birthday comes first in the calendar year. The balance of eligible expenses can then be submitted to the plan of the other parent.

   If both parents have the same birthday (month/day), the claims for children must be submitted to the plan in the alphabetical order of the parents' first names.

   When a person is insured under other group or individual policies or government plans, the benefits payable from all sources cannot exceed one hundred percent of expenses incurred.

10. **Rights of Examination**: To be entitled to payment of benefits provided under the Policy, the Participant, on his own behalf and on behalf of his Dependents hereby authorizes any physician, health professional, hospital, institution and any other organization to forward to the Insurer or its representatives, all information, reports or documents that they may require.

    The Participant hereby authorizes the Insurer to communicate directly with any physician, health professional, hospital, institution or other organization to obtain any information required for the assessment of claims and hereby relieves the persons concerned of all legal responsibility which could arise from the disclosure of such information.

    In the event of death, the Insurer will require that a death certificate be filed with the claim. Furthermore, the Insurer has the right to request an autopsy and review any autopsy report, if not prohibited by law.

11. **Limitation of Actions**: An action or proceeding against the Insurer for the recovery of a claim under the Policy shall not be commenced more than one (1) year (two (2) years in the Northwest Territories, three (3) years in the province of Quebec) after the date the insurance money became payable or would have become payable if it had been a valid claim.

12. **Availability and Quality of Care**: Neither the Insurer nor Global Excel shall be responsible for the availability or quality of any medical treatment (including the results thereof) or transportation at the vacation destination, or Your failure to obtain medical treatment during the Coverage Period.

13. **Evidence of Age**: The Insurer reserves the right to request proof of age of any Insured Person.
14. **Assignment**: Benefits under the Policy may not be assigned
15. **When Money Payable**: All money payable under the Policy shall be paid by the Insurer within sixty (60) days after it has received proof of claim.
16. **Continuance of Individual Coverage During Absence from Work**: If a Participant is absent from work due to disability, temporary lay-off, authorized leave of absence, strike or any other work stoppage, the insurance will be continued as long as the Participant remains covered under the Policyholder's basic group extended health care plan.
17. **Examination of the Policy**: The Policy, including any endorsements, will be kept at the office of the Policyholder. You may consult the Policy during the regular business hours of the Policyholder.

SECTION V — AUTOMATIC EXTENSION OF COVERAGE PERIOD

The Coverage Period per Trip will automatically be extended up to 72 hours, provided the Participant has not reached the Termination Age, if:

a) You are hospitalized due to a medical Emergency on the last day of coverage. Your coverage will remain in force for as long as You are hospitalized and the 72-hour extension commences upon release from Hospital;
b) a late train, boat, bus, plane, or other Vehicle in which You are a passenger causes You to miss Your scheduled return to Your province or territory of residence (including by reason of weather);
c) the Vehicle in which You are travelling is involved in a traffic accident or mechanical breakdown that prevents You from returning to Your province or territory of residence on or before Your return date;
d) You must delay Your scheduled return to Your province or territory of residence due to a medical Emergency.

All claims incurred after Your original scheduled return date must be supported by documented proof of the event resulting in Your delayed return.

SECTION VI — INTERNATIONAL ASSISTANCE SERVICE

Global Excel is available to take Your calls 24 hours a day, 7 days a week.

Emergency Call Centre — No matter where You travel, professional assistance personnel are ready to take Your call. Global Excel can also provide You with Canada Direct instructions and codes so that You only deal with Canadian telephone operators.

Referrals — Global Excel can refer You to the preferred medical providers (Hospitals, clinics and Physicians) that are closest to where You are staying. With a referral, it is less likely that You will have to pay for services out of pocket.

Benefit Information — Explanation of Your coverage is available to You and to the medical providers who are treating You.

Medical Consultants — Global Excel's team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious Emergency. If necessary, Global Excel will help You return to Canada for the care You need.

Urgent Message Relay — In the event of a medical Emergency, Global Excel will contact Your travelling companion to keep him/her advised of Your medical situation and will help You exchange important messages with Your family.

Interpretation Service — Global Excel can connect You to a foreign language interpreter when required for Emergency services in foreign countries.

Direct Billing — Whenever possible, Global Excel will instruct the Hospital or clinic to bill the Insurer directly.

Claims Information — Global Excel will answer any questions You have about the eligibility of Your claim, standard verification procedures and the way that the benefits under the Policy are administered.

SECTION VII — DEFINITIONS

"Accident" means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily Injury.

"Actively at Work" means the employee is physically and mentally capable of doing each and every function of his/her occupation, on the basis of the minimum number of hours worked per week specified in the Schedule of Benefits. If an employee is not actively at work due to vacation, holidays, a non-scheduled working day, maternity or parental leave, then actively at work means the capability to perform the employee's normal duties at the employee's normal place of employment on the same basis as the employee who is actively at work.

"Coverage Period" means the number of consecutive days specified in the Schedule of Benefits during which You are covered under the Policy when You take a Trip and which is calculated as of the commencement date of Your Trip.

"Dependent" means the Spouse and the unmarried child of the Participant or Spouse, who is under the age limit specified in the Schedule of Benefits, is dependent on the Participant for support and is not employed on a full-time basis. A dependent child who is physically or mentally disabled and totally dependent on the Participant for support will continue to be eligible provided he/she was covered as a Dependent under the Policy before attaining such age limit.

"Emergency" means the occurrence of a Sickness and/or Injury during the Coverage Period that requires immediate Medically Necessary treatment for the relief of acute pain or suffering, other than experimental or alternative treatment, and such treatment cannot be delayed until Your return to Canada.

"Global Excel" and **"Global Excel Management Inc."** mean the company appointed by the Insurer to provide medical assistance and claims services under the Policy.

"Government Health Insurance Plan" means the health care coverage provided by Canadian provincial and territorial governments to their residents.

"Hospital" means an institution which is designated as a hospital by law; which is continuously staffed by one or more Physicians at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and medical and surgical treatment of a Sickness and/or Injury in the acute phase, or active treatment of a chronic condition; which has facilities for diagnosis, major surgery and in-patient care. The term Hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, or drug or alcohol abusers.

"Immediate Family Member" means Your Spouse, son, daughter, father, mother, brother, sister, stepson, stepdaughter, stepfather, stepmother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother.

"Injury" means any unexpected and unforeseen harm to the body that is caused by an Accident, that You sustained during the Coverage Period and that requires Emergency treatment that is covered by the Policy.

"In-patient" means a patient who occupies a Hospital bed for more than twenty-four (24) hours for medical treatment and for which admission was recommended by a Physician when Medically Necessary .

"Insurer" means Royal & Sun Alliance Insurance Company of Canada.

"Medical Assistance Card" means the card provided to the Participant and on which the following information is shown: name of the Policyholder, Policy Number, Coverage Period per Trip and emergency telephone numbers.

"Medically Necessary", in reference to a given service or supply, means such service or supply:

a) is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;

b) is not experimental or investigative in nature;

c) cannot be omitted without adversely affecting the condition of the Insured Person or quality of medical care;

d) cannot be delayed until the Insured Person returns to his province or territory of residence.

"Ongoing Condition" means an acute Sickness and/or Injury that requires continuing care and/or treatment after the initial Emergency has ended as determined by the Medical Director of Global Excel.

"Participant" means an employee or a member whom the Policyholder identifies as being entitled to coverage under the Policy and for whom the Policyholder has paid the required premium.

"Physician" means a medical practitioner whose legal and professional standing within his or her jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he or she practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his or her licensed authority. A Physician must be a person other than You or Your Immediate Family Member.

"Policy" means the group travel emergency medical insurance contract issued to, and on file with, the Policyholder, bearing the policy number specified in the Schedule of Benefits.

"Policyholder" means the company or organization specified in the Schedule of Benefits and to which the Policy is issued.

"Reasonable and Customary Costs" means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar Sickness and/or Injury.

"Sickness" means a disease or disorder of the body that results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a physician for the purpose of medical treatment.

"Spouse" means the person to whom the Participant is legally married or with whom he has been residing for the cohabitation period specified in the Schedule of Benefits.

"Terminal Illness" means You have a condition that is cause for the Physician to estimate that You have less than six (6) months to live.

"Termination Age" means the age specified in the Schedule of Benefits at which the Participant's coverage terminates. Dependents beyond the Termination Age may be covered provided that the Participant has not yet reached the Termination Age.

"Terrorism" means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

"Trip" means a journey that You undertake which commences on the date of Your departure from Your province or territory of residence and ends when You return to Your province or territory of residence.

"Vehicle" means any automobile, station wagon, mini-van, sports utility vehicle (for on-road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 11 meters (36 feet in length), used exclusively for the transportation of passengers other than for hire, in which the Insured Person is a passenger or driver during the Trip.

"You", **"Your"** and **"Insured Person"** mean any one of the Participant or the Participant's Dependents covered under the Policy.

SECTION VIII — CLAIMS

Notice and Proof of Claim

In the event that Global Excel is not contacted immediately, the Insured Person, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a) give written notice of claim by delivery thereof or by sending it by registered mail to Global Excel not later than thirty (30) days from the date the claim arises under the Policy;

b) within ninety (90) days from the date a claim arises under the Policy, furnish Global Excel such proof of claim as is reasonably possible in the circumstances of the Emergency giving rise to the claim and the loss occasioned thereby, the right of the claimant to receive payment, his age and the age of the beneficiary, if relevant; and

c) if required by Global Excel, provide a satisfactory certificate stating the cause for which the claim is made and the duration of the disability, if applicable.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one (1) year from the date of Injury or the date a claim arises under the Policy on account of Sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim

Global Excel, on behalf of the Insurer, shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the cause or nature of the Emergency giving rise to the claim.

Claims Procedures

You are responsible for providing all the documents outlined below and for any charges levied for these documents. To file a claim, You must:

a) include the Policy number, the patient's name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial Government Health Insurance Plan number with its expiry date or version code (if applicable);

b) submit all original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or Physician;

c) provide the original prescription drug receipts (not cash receipts) from the pharmacist, Physician or Hospital showing the name of the prescribing Physician, prescription number, name of preparation, date, quantity and total cost;

d) provide proof of the departure date(s) and return date(s);

e) provide written proof of claim within ninety (90) days of the date of receipt of services covered under the Policy;

f) provide additional information pertinent to Your claim, as may be required by Global Excel after receipt of Your claim;

g) sign and return the authorization form, provided by Global Excel, allowing the Insurer to recover payment from the Canadian provincial or territorial Government Health Insurance Plan. The Insurer will coordinate and pay Your claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial Government Health Insurance Plan on Your behalf; and

h) return the unused portion of Your air ticket to Global Excel if the Emergency Air Transportation benefit is used.

All sums in the plan are in Canadian currency unless otherwise indicated. If You have paid a covered expense in a currency other than Canadian currency, You will be reimbursed in Canadian currency at the prevailing rate of exchange on the date that the claim payment is made. This insurance will not pay interest.

Any information not provided may result in a delay in processing Your claim.

All pertinent documents should be sent to:

Global Excel®

® The following is a registered trademark of Global Excel Management Inc.: the Global Excel logo.

Global Excel Management Inc.
73 Queen St.
Sherbrooke, Quebec
J1M 1J3

Tel.: 1-866-870-1898 (toll free in Canada & USA) or 819-566-1898 (collect from anywhere) during business hours (EST).

PROTECTING YOUR PRIVACY

For privacy information, please see www.royalsunalliance.ca, or call 1-800-716-4339.

We at ETFS recognize and respect every individual's right to privacy. When you apply for benefits, we establish a confidential file of Your personal information. We use the information to administer the benefit plan under which You are covered. This includes many tasks, such as:

- Determining your eligibility for coverage under the plan;
- Assessing Your claims and providing You with payment;
- Managing Your claims;
- Verifying and auditing eligibility and claims; and
- Underwriting activities, such as determining the cost of the plan and analyzing the design options of the plan.

We limit access to information in Your file to staff, to persons authorized by us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We may also exchange information, when necessary to administer the benefit plan, with Your health care provider, other insurance and reinsurance companies, and Your plan administrator.

IDENTIFICATION OF INSURER

Underwritten by:

ROYAL & SUNALLIANCE

Administered by:

ETFS™

In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to Global Excel.

VIATOR Out-of-Province/Canada Group Travel Medical Emergency Insurance is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc.

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Semi-Private Hospital Benefit

Eligibility

Full Time Employees under age 70, working a minimum of 24 hours per week. Eligible upon completion of three (3) continuous months of employment.

Hospitalization Benefit

Covered Percentage

100% reimbursement.

Covered Expenses

Payment will be made (unless otherwise excluded) for room and board in a Hospital in the Employee's province of residence up to the Hospital's semi-private room rate (including where permitted by law, any charges for services and supplies received while confined to Hospital).

Maximum Benefit

Maximum $175 per day, to a maximum of 30 days per benefit year per covered person.

EXCLUSIONS AND LIMITATIONS

“Covered Expenses" shall not include any charge:

1. For or in connection with any services received or performed which (i) are due to a pregnancy (includes childbirth, miscarriage or any complications incident to a pregnancy), or (ii) are due to the deliberate inducement of a miscarriage.

2. For any services or benefits which are "insured services or benefits" under any government legislation or regulation and to the extent that insurance for such service is prohibited by law.

3. Which occurs as a result of an insurrection, war or any act of war (declared or undeclared.)

4. Which occurs as a result of participation in a riot or civil commotion.

5. Which results from the commission of or attempted commission of a criminal offense or the provoking of an assault.

6. Which results from an intentionally self-inflicted injury while sane or insane.

7. For services for which the covered person is not required to make payment or where payment is received as a result of legal action or settlement.

Health Care Spending Account

Eligibility

Full Time Employees under age 70, working a minimum of 24 hours per week. Eligible upon completion of three (3) continuous months of employment.

Health Care Spending Account Coverage

Maximum Benefit

Amount determined by the employer, per employee per benefit year.

Benefit Year

The twelve (12) month period following the effective date of the plan, and each twelve (12) month period thereafter.

Covered Percentage

100% reimbursement up to the Health Care Spending Account maximum per employee per benefit year.

Operation of the HCSA

Expenses can be claimed each benefit year up to the HCSA limit in your account.

Any unused HCSA balance at the end of one benefit year will carry forward to the following benefit year.

Any carry-forward amount which remains unused at the end of the next benefit year will revert to the employer.

Unpaid claim expenses may not be carried forward to the next plan year. Claims must be submitted within 30 days of the plan year-end.

HCSA funds cannot be taken out as cash.

The plan administrator reserves the right to review and approve claims which exceed the available funding levels at the time of claim.

Covered Expenses

Extended health care and dental claims within Canada, as allowed within the meaning of eligible expenses as defined under the Income Tax Act. Expenses may be claimed for you and for your eligible dependants.

Examples of eligible expenses include:

- Prescription Drugs including Insulin and diabetic supplies. Also Drugs, medications or other preparations or substances prescribed by a medical practitioner or dentist and recorded by a pharmacist.
- Dental expenses including Preventive, diagnostic, restorative, orthodontic, and therapeutic care and making or repairing of dentures by a licensed dental mechanic.
- Medical Practitioners (if registered in the province where the expenses occurred) including registered massage therapist, acupuncturist, chiropodist/podiatrist, chiropractor, naturopath, osteopath, speech therapist, optometrist, physiotherapist, clinical psychologist, Christian Science practitioner, nurse and medical doctor.
- Care and Facilities including hospitals and nursing homes, and private duty nursing care.
- Expenses for transportation by ambulance to or from a hospital.
- Assistance Devices, Supplies, and Equipment including Eyeglasses or contact lenses, Hearing aids, Orthopedic shoes or Orthotics, Braces, Crutches.
- Other Expenses as defined under the Income Tax Act. Contact The Benefits Trust with inquiries.

LIMITATIONS AND EXCLUSIONS

"Covered Expenses" shall not include any charge:

1) For any services or benefits which are "insured services or benefits" under any government legislation or regulation and to the extent that insurance for such service is prohibited by law.

2) Which occurs as a result of an insurrection, war or any act of war (declared or undeclared.)

3) Which occurs as a result of participation in a riot or civil commotion.

4) Which results from the commission of or attempted commission of a criminal offense or the provoking of an assault.

5) Which results from an intentionally self-inflicted injury while sane or insane.

6) For services for which the insured person is not required to make payment or where payment is received as a result of legal action or settlement.

7) For which the insured person may apply and receive indemnity or compensation under any Worker's Compensation Act.

Submitting Claims

All claim forms can be obtained from The Benefits Trust.

Generally, written notice of a claim must be submitted to the insurer within thirty (30) days of the date of incident or expense. For further details please refer to the specific insurer and benefit outlined below.

Life Insurance ($25,000)
ACE-INA Life Insurance

Written notice of a claim must be provided to the Insurer as soon as possible after the loss, but in any event within one (1) year of the date of loss.

Accidental Death & Dismemberment ($100,000)
ACE-INA Life Insurance

The Policyholder or his agent, or a beneficiary entitled to make a claim or his agent, shall

(a) give written notice of claim to the Company not later than thirty days from the date of the accident or the beginning of the disability
    (i) by delivery thereof, or by sending it by registered mail, to the head office or chief agency of the Company in the province, or
    (ii) by delivery thereof to an authorized agent of the Company in the province,
(b) within ninety days from the date of the accident for which the claim is made, furnish to the Company such proof of claim as is reasonably possible in the circumstances of the happening of the accident and the loss occasioned thereby, and
(c) if so required by the Company, furnish a certificate as to the cause and nature of the accident for which the claim is made and as to the duration of the disability caused thereby, from a medical practitioner legally qualified to practice in the province.

Critical Illness ($25,000)
ACE-INA Life Insurance

Written notice of a claim must be provided to the Insurer within thirty (30) days after the date diagnosis is made. Detailed requirements for filling a Critical Illness claim are outlined in the section headed "In the Event of a Claim" in the Critical Illness section of this booklet.

Excess Medical Stop Loss Insurance

Expert Travel Financial Security (E.T.F.S.) Inc.

Written proof of claim must be submitted to The Benefits Trust not later than 30 days after the earliest of the following dates:

a) the end of the benefit year during which the expenses are deemed incurred,
b) the termination of the Employee's coverage, and
c) the termination of the policy.

Submit original receipts for all eligible expenses totalling in excess of $5,000 per covered person per benefit year, with a Medical and Drug Expenses claim form to The Benefits Trust for processing.

Out of Country Emergency Medical Insurance

Expert Travel Financial Security (E.T.F.S.) Inc. – Viator

In the event of a medical emergency, contact the travel assist service provider, Global Excel, immediately or as soon as possible at the telephone numbers shown on your travel assist card. For further details concerning claim procedures, please refer to "Section VIII – Claims" in the Viator Out-of-Province/Canada Travel Medical Emergency Insurance section of this booklet.

Semi-Private Hospital Claims

Written proof of claim must be submitted to The Benefits Trust not later than 30 days after the earliest of the following dates:

a) the end of the benefit year during which the expenses are deemed incurred,
b) the termination of the Employee's coverage, and
c) the termination of the policy.

Submit the hospital invoice including patient name, dates of admission and discharge, and room charges per day, with a Medical and Drug Expenses claim form to The Benefits Trust for processing. The hospital may also invoice The Benefits Trust directly.

Health Care Spending Account Claims

Written proof of claim must be submitted to The Benefits Trust not later than 30 days after the earliest of the following dates:

a) the end of the benefit year during which the expenses are deemed incurred,
b) the termination of the Employee's coverage, and
c) the termination of the policy.

Submit a Medical or Dental claim form, as appropriate. Please indicate the desired amount to be paid if less than the total amount of the submitted expenses. Attach an official, itemized receipt showing the service performed or goods purchased, the date, and the amount paid.

Prescription drug claims must include a pharmacy receipt. These receipts will be produced automatically by the pharmacist with each drug purchase and will include the name of the patient, the name of the drug, and the DIN (Drug Identification Number).

For dental expenses, the dentist should provide a claim form or invoice which must include the dental procedure codes and fees. Payment may be assigned directly to the dentist.

the benefits trust

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