

## ALBERTA SCHOOL EMPLOYEE BENEFIT PLAN (The Policyholder)

**Policy No. 119-1366 issued by Special Markets Solutions,  
a division of Industrial Alliance Insurance and Financial Services Inc.**

### Voluntary Accident Insurance Plan (Payroll Deduction)

#### COVERAGE

Any accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

#### ELIGIBILITY

You are eligible to enroll as an Insured Person if you are an active regular employee (under age 70), early retiree (under age 65), or trustee (under age 70). Your spouse under age 70 and unmarried dependent children are eligible if you select the Family Plan. Unmarried children are your natural, legally-adopted or step-children or children you are the legally-appointed guardian for provided such children are recognized as your dependents for provincial medicare purposes. Unmarried children over 21 years of age are also eligible provided they have not attained age 25 and are registered as a full-time student at a university or similar post-secondary educational institution or are incapable of self-support due to a mental or physical handicap.

#### AMOUNT OF INSURANCE

##### Employee Only Plan

You may select an amount of insurance (Principal Sum) for yourself of \$25,000.00, \$50,000.00, \$100,000.00, \$150,000.00, \$200,000.00, \$250,000.00, \$300,000.00, \$350,000.00, \$400,000.00, \$450,000.00 or \$500,000.00.

##### Family Plan (includes employee)

You may select an amount of insurance (Principal Sum) for yourself of \$25,000.00, \$50,000.00, \$100,000.00, \$150,000.00, \$200,000.00, \$250,000.00, \$300,000.00, \$350,000.00, \$400,000.00, \$450,000.00 or \$500,000.00 AND your family will automatically be insured for the following:

Spouse - Your spouse will be insured for 50% of the benefit you elect for yourself.

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

In the event both you and your spouse are eligible to enroll, only one of you may select the Family Plan. The other may select the Employee Only Plan. However, your coverage as a spouse combined with your coverage as an employee, early retiree, or trustee cannot exceed \$500,000.00.

#### EFFECTIVE DATE

Coverage will begin on the first day of the month following the date your completed enrollment form is received by your employer and coincident with payroll deductions.

If you do not wish to participate, please complete the section of the enrollment form declining coverage. The completed form should be returned to your plan administrator as soon as possible.

#### BENEFITS

##### Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, or permanent and total Loss of Use of, which occurs within 12 months after the date of the accident as follows:

#### BENEFITS (Continued...)

##### Accidental Death, Dismemberment and Specific Loss Indemnity (Continued...)

Life .....	The Principal Sum
Both Hands.....	The Principal Sum
Both Feet.....	The Principal Sum
Entire Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	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
Speech and Hearing in Both Ears.....	The Principal Sum
One Arm.....	Three-Quarters of the Principal Sum
One Leg.....	Three-Quarters of the Principal Sum
One Hand.....	Two-Thirds of the Principal Sum
One Foot.....	Two-Thirds of the Principal Sum
Entire Sight of One Eye.....	Two-Thirds of the Principal Sum
Speech or Hearing in Both Ears.....	Two Thirds of the Principal Sum
Four Fingers of One Hand.....	One-Third of the Principal Sum
Thumb and Index Finger of One Hand....	One-Third of the Principal Sum
Hearing in One Ear.....	One-Third of the Principal Sum
All Toes of One Foot.....	One-Quarter of the Principal Sum

##### Paralysis Benefits

Quadriplegia (complete paralysis of both upper and lower limbs).....	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs).....	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body).....	Two Times the Principal Sum

Any indemnity payable for loss of use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of 12 months from the date of the accident.

Indemnity provided under this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

"Injury" whenever used in the policy means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person sustaining the injury and resulting directly and independently of all other causes in loss covered by the policy.

"Loss" whenever used in the policy with reference to hand or foot means complete severance at 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 at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

##### Bereavement Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred by your spouse and dependent children for up to six sessions of grief counseling, by a professional counselor, subject to a maximum of \$2,000.00.

## Voluntary Accident Insurance Plan (Payroll Deduction) (Continued...)

### BENEFITS (Continued...)

#### Day Care Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred, subject to five percent of your Principal Sum to a maximum of \$5,000.00, for each of your dependent children under 13 years of age who (a) are enrolled in a legally licensed day care centre on the date of your death; or (b) enroll in a legally licensed day care centre within 12 months after the date of your death.

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, but not to exceed four consecutive annual payments with respect to any one dependent child. If, at the time of loss, none of your dependent children are eligible for the Day Care Benefit, the insurer shall pay an additional amount of \$2,500.00 to your designated beneficiary.

#### Escalation Benefit

Your Principal Sum will be increased by one percent on each anniversary date of the policy provided there is no interruption in coverage, to a maximum of five percent.

#### Eyeglasses, Contact Lenses and Hearing Aids Benefit

If, following an Injury, you or your insured spouse or insured dependent child require and receive treatment by a physician which results in the purchase of eyeglasses, contact lenses or hearing aids within 12 months of the date of the accident, when none were previously required or worn, the insurer will pay the reasonable and necessary expense actually incurred, subject to a maximum of \$1,000.00.

#### Family Transportation Benefit

If, following an Injury which results in a Loss covered by the policy, you are confined as an in-patient in a hospital located from a point of not less than 150 kilometers from the normal place of residence, the insurer will pay the reasonable and necessary expenses actually incurred by any member of the immediate family for hotel accommodation and transportation by the most direct route to you, subject to a maximum of \$15,000.00 for all such expenses.

#### Funeral Expense Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary funeral expenses actually incurred, subject to a maximum of \$7,500.00.

#### Home Alteration and Vehicle Modification Benefit

If, following an Injury which results in a Loss covered by the policy, you are required to use a wheelchair to be ambulatory, the insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of the accident causing such Loss for (a) the cost of alterations to the principal residence; and/or (b) the cost of modifications to one motor vehicle utilized by you, when such modifications are approved by the provincial vehicle licensing authorities where required for the purpose of making them wheelchair accessible, subject to a maximum of \$20,000.00 as the result of any one accident.

#### Identification Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, and provided identification of your body is required by the police or similar law enforcement agency, the insurer will pay the reasonable and necessary expenses actually incurred by a member of your immediate family for lodging and board (not to exceed a maximum duration of three consecutive nights) and transportation by the most direct route to and from the location of your body, subject to a maximum of \$5,000.00. Your body's location must not be less than 150 kilometers from your family member's normal place of residence.

### BENEFITS (Continued...)

#### Occupational Training Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by your spouse 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, subject to a maximum of \$15,000.00 for all such expenses.

#### Permanent Total Disability

If, following an Injury and within 12 months of the date of the accident, you are totally and permanently disabled and prevented from engaging in any and every occupation or employment for compensation or profit, the insurer will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any amount paid or payable under "Accidental Death and Dismemberment Benefits" as the result of the same accident.

#### Rehabilitation Benefit

If, following an Injury which results in a Loss covered by the policy, you require special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such Injury, the insurer will pay the reasonable and necessary expense incurred for such training within three years of the date of the accident, subject to a maximum of \$15,000.00 as the result of any one accident.

#### Repatriation Benefit

If Injury results in loss of life for you, your insured spouse or insured dependent child and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred for preparation and transport of the body to the city of residence, subject to a maximum of \$15,000.00.

#### Seat Belt Benefit

If, due to a vehicular accident, Injury results in a loss covered by the policy, the Principal Sum applicable to you will be increased by 10% if, at the time of the accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt. The driver of the vehicle must hold a current and valid driver's license authorizing him to operate such vehicle and neither be intoxicated nor under the influence of drugs at the time of the accident. Due proof of seat belt use must be provided as part of the written proof of loss.

#### Special Education Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred, subject to five percent of your Principal Sum to a maximum of \$5,000.00, for each of your dependent children who (a) are enrolled as full-time students in a school for higher learning above the secondary school level; or (b) were enrolled as full-time students at the secondary school level but enroll as full-time students in a school for higher learning within 12 months after the date of your death.

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 a school for higher learning, but not to exceed four consecutive annual payments with respect to any one dependent child.

## Voluntary Accident Insurance Plan (Payroll Deduction) (Continued...)

### EXCLUSIONS

Cover does not apply to any loss caused or contributed to by:

- suicide or self-destruction, while sane or insane;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated or leased aircraft of your employer;
- declared or undeclared war or any act of war;
- active full-time service in the armed forces of any country.

### EXPOSURE AND DISAPPEARANCE

If due to accident you, your insured spouse or insured dependent child are unavoidably exposed to the elements and such exposure, within 12 months of the date of the accident, results in a Loss for which indemnity would otherwise have been payable under the policy, such Loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you, your insured spouse or insured dependent child were riding, you, your insured spouse or insured dependent child disappear, and if the body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you, your insured spouse or insured dependent child suffered loss of life as a result of Injury.

### COST OF INSURANCE

The premium for the coverage you select will be obtained by payroll deduction. The premium rate for the Employee Only Plan is \$.025 per month for each \$1,000.00 of insurance. The Family Plan is \$.04 per month for each \$1,000.00 of insurance.

### WHAT IF PAYROLL DEDUCTION IS NOT AVAILABLE?

Please write or phone:

**Special Markets Solutions**  
**Industrial Alliance Insurance and Financial Services Inc.**  
2050, 777 - 8 Avenue S.W.  
Calgary, Alberta T2P 3R5  
Telephone: (403) 266-7582  
Toll Free: (800) 661-1699

Information will be sent to you regarding payment of annual premiums.

### BENEFICIARY

The beneficiary or beneficiaries of an employee, early retiree or trustee shall be that person or persons designated in writing by the employee, early retiree or trustee and on file with the employer. If no such beneficiary designation has been filed, the beneficiary in respect of loss of life of an employee, early retiree or trustee shall be the estate. All other indemnities payable, including those payable for the insured spouse and/or insured dependent children, are payable to the employee, early retiree or trustee, unless otherwise designated in the policy.

### TERMINATION OF INSURANCE

Your insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the due date of the first premium toward which you fail to pay the required amount;
- (c) the date you cease to be eligible, except:
  - (i) if you are a non-retired employee in the educational system and are age 70, insurance terminates on June 30 coinciding with or next following the date you reached age 70;
  - (ii) if you are a retired employee and are age 65, insurance terminates on the last day of the month in which you reached age 65;
  - (iii) if you are a trustee and are age 70, insurance terminates on October 31 of the year in which your term of office ends;
- (d) the date you enter the armed forces of any country on a full-time basis;
- (e) the date your Life insurance is terminated.

If you are a non-retired employee who ceases to be actively at work, your insurance will immediately terminate on the earliest of:

- (a) the date your employer stops remitting premiums or otherwise determines that insurance has terminated;
- (b) for lay-off, 90 days after the lay-off starts;
- (c) for employer-approved leave of absence, 24 months after the leave starts.

Your insured spouse's and/or insured dependent children's insurance will terminate on the earliest of the following dates:

- (a) the date such person ceases to be an eligible person;
- (b) the date your insurance is terminated.

### A.D.&D. CLAIMS PROCEDURES

Written notice of claim is to be given to the insurer within a period of 30 days from the date of the Accident. Claim forms are available from your plan administrator or from the insurer at (800) 266-5667. The insurer reserves the right to request additional information when processing the claim. Completed claim forms must be filed with the insurer within 90 days after the date of the Injury and no later than one year regardless of whether the full extent of loss is known.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

*This summary is for information purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with the Policyholder.*



# VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM



Please complete this form and return it to your employer.

## POLICYHOLDER INFORMATION

Name of Policyholder <b>Alberta School Employee Benefit Plan</b>	Policy Number <b>119-1366</b>
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## APPLICANT INFORMATION

Applicant's Last Name	Applicant's Given Name	Initials
Address	City	Province
Postal Code		
Applicant's Date of Birth dd mmm yyyy	Amount of Insurance \$	(\$25,000.00, \$50,000.00, \$100,000.00, \$150,000.00, \$200,000.00, \$250,000.00, \$300,000.00, \$350,000.00, \$400,000.00, \$450,000.00 or \$500,000.00)
Applicant's School Board	Applicant's Occupation	

### Check One if New Insurance:

- Employee Only Plan
- Family Plan

### Check Appropriate Boxes for Changes to Existing Insurance:

- Change in Amount
- Change of Beneficiary
- Change to Employee Only Plan
- Change to Family Plan
- Change of Name
- Change of Address

**NB:** If you and your spouse are both eligible to enroll under the policy only one may select the Family Plan. The other may select the Employee Only Plan. Your coverage as a spouse combined with your coverage as an employee cannot exceed \$500,000.00.

Applicant's Beneficiary	Relationship to Applicant
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**NB:** If your beneficiary is a minor, an Appointment of Trustee form is also required.

**Quebec Residents:** If you have named your spouse as your beneficiary, this designation will be automatically irrevocable. **If you do not wish your designation to be irrevocable, please check here:  Revocable**

## FAMILY PLAN INFORMATION COMPLETE ONLY IF YOU HAVE CHOSEN THE FAMILY PLAN

Spouse's Last Name	Spouse's Given Name	Initials
Spouse's Date of Birth dd mmm yyyy	<b>Family Plan Beneficiary:</b> The beneficiary of all dependents' loss of life benefits will be the Applicant.	

## AUTHORIZATION FORM MUST BE SIGNED IN INK

- I authorize the deduction from my salary for the premiums.
- I have been given the opportunity to apply for this insurance, but I do not wish to participate.

I acknowledge that I have read the Notice on Privacy and Confidentiality summarizing certain privacy practices regarding collection, use and disclosure of my personal information. I understand that no insurance will be in effect until the insurance applied for has been approved by the Policyholder and payroll deductions have been initiated. I declare that the answers recorded above are, to the best of my knowledge and belief, full, complete, and true as of the date hereof.

A copy of this signed authorization shall be as valid as the original.

X \_\_\_\_\_  
 Signature of Applicant Date (dd-mmm-yyyy)

The terms and conditions governing the insurance are set out in the Master Policy which is on file with the Policyholder.

## NOTICE ON PRIVACY AND CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

**You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at:** 2165 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.