



## Department of Human Resources

### Accidental Death & Dismemberment – Optional

#### Available to Management, Excluded and Support Salaried Staff members

*This description is intended only as a summary of the provisions of your life insurance underwritten by Industrial Alliance Pacific, policy number 119-5579. In case of any discrepancy, the terms of the policy will apply. For further clarification of this benefit, please contact Human Resources. This description is important to you and your family; it should be kept in a safe place.*

#### Eligibility

You may elect to insure yourself only or yourself and your family for one of the following plans:

- Employee only plan
- Family plan

Your eligible dependents include:

- your legal spouse; or a partner who has cohabited with you for a continuous period up to the date of this coverage, of not less than twelve (12) consecutive months, and who has been publicly represented as your spouse and who is not your blood relative.
- any unmarried child of yours or your spouse, including any step-child, who is under age 21 (under age 25 if a registered full-time student in the Alberta school system, a university, or similar institute of learning.
- Mentally or physically infirm

Applications for Optional A D & D at other times will be considered. Coverage will be effective on the first day of the month following the date the completed application form is received in Human Resources.

#### Coverage

Premiums and coverage details are outlined in the Rate Card.

#### Change in Coverage

You may change the amount of coverage at any time. Changes will be effective the first of the month following the date the completed request form is received in Human Resources.

#### Benefit

Your total coverage amount (Basic plus Optional, if any) will be paid in the event of an accident or your death while you are insured except for limitations outlined under the Accidental Death and Dismemberment section of this information. The benefit will be paid immediately upon receipt of due written proof of loss. If you have not named a beneficiary or if your beneficiary is not living, payment will be made to your estate.

If insurance is granted under the Family Plan to your spouse and dependent children, the amounts of insurance indicated below are subject to all the terms and conditions of both the Optional and Accidental Death and Dismemberment Plans.

Spouse (if no dependent children) .....	50% of the Principle Sum
Spouse (with dependent child/children) .....	40% of the Principle Sum
Each Dependent Child.....	10% of the Principle Sum
Each Dependent Child (no spouse).....	15% of the Principle Sum

As with Employee or Dependent Life, no premiums are required to be paid while you are receiving benefits from the Long Term Disability Plan (see Income Protection).

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

If, within 12 months of the date of the accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

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.....	One-Half of the Principal Sum
Thumb and Index Finger of Either Hand...	One-Third of the Principal Sum
Four Fingers of Either Hand.....	One-Quarter of the Principal Sum
Hearing in One Ear .....	One-Sixth of the Principal Sum
All Toes of One Foot .....	One-Eighth of the Principal Sum

**Paralysis Benefits**

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

Indemnity provided under this part for losses relating to any one limb, will be paid for one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

Indemnity provided under this part for all losses sustained by any one Insured Person as a result of any one accident will not exceed the Principal Sum. "Injury" whenever used in this policy means bodily injury caused by an accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy.

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

**Education Benefit**

If Injury results in your loss of life, the Company will pay five percent of your Principal Sum to a maximum of \$5,000.00 to any Dependent Child, who on the date of accident was enrolled as a full-time student in any institution of higher learning beyond the secondary school level but not to exceed four consecutive annual payments.

**Family Transportation Benefit**

If, as a result of loss, you or your Insured Spouse or an Insured Dependent Child is confined as an inpatient in a hospital located from a point of not less than 150 kilometers from his/her normal place of residence, the Company will pay the reasonable expenses actually incurred by all members of your immediate family for hotel accommodation and transportation by the most direct route, not to exceed in the aggregate the amount of \$10,000.00 for all such expenses.

**Home Alteration and Vehicle Modification Benefit**

In the event you or your Insured Spouse or an Insured Dependent Child sustains paralysis and subsequently require the use of a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within three years for the cost of alterations to his/her principal residence and/or the cost of modification to one motor vehicle to a maximum of \$10,000.00.

**Rehabilitation Benefit**

If Injury caused by an accident requires that you undergo 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 Company will pay the reasonable and necessary expense incurred for such training within three years of the date of the accident to a maximum of \$10,000.00 as the result of any one accident.

**Repatriation Benefit**

If Injury results in your loss of life or your Insured Spouse or an Insured Dependent Child, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased, subject to a maximum amount of \$10,000.00.

**Spousal Retraining Benefit**

If Injury results in your loss of life, the Company 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/she would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of \$10,000.00 for all such expenses. Payment will not be made for room, board, other ordinary living, traveling or clothing expenses.

**Beneficiary**

Your Accidental Death benefit will be paid to the beneficiary designated on your Enrollment card. Any other benefits payable, including those payable for Dependents, will be paid to you, with the exception of indemnities payable under the Education Benefit and Spousal Retraining Benefit.

**Termination of Insurance**

Your Optional Accident Insurance will terminate on the earliest of the following dates:

- your 70th birthday;
- the date your employment terminates;
- the date the policy terminates.

**Claims**

Written notice of claim must be given to the insurer within 30 days after the accident, and proof of loss must be furnished within 90 days after the accident. Claim forms will be provided by the insurance company.