

**Group Long Term Disability
Insurance Certificate**

St. Mildred's-Lightbourn School

FOREWORD

Disability insurance provides individuals and their families with financial protection. The Disability Insurance Benefit described in this booklet will help secure your family's financial security in the event of your disability.

The need for disability insurance protection depends on individual circumstances and financial situations. This valuable coverage should add an extra dimension to your personal insurance portfolio.

In an effort to make your benefit program more comprehensive and responsive to your needs, your Employer is providing this insurance to you at no cost.

LIFE INSURANCE COMPANY OF NORTH AMERICA
A STOCK COMPANY HAVING ITS CHIEF AGENCY OFFICE AT
100 Consilium Place
Suite 301
Scarborough, Ontario M1H 3E3
A STOCK INSURANCE COMPANY

**GROUP INSURANCE
CERTIFICATE**

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Life Insurance Company of North America's insurance business in Canada.

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, SGD-608163, to St. Mildred's-Lightbourn School.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Matthew G. Manders, President

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SCHEDULE OF BENEFITS

Policy Effective Date:	October 1, 2016
Policy Anniversary Date:	October 1
Policy Number:	SGD-608163

IMPORTANT: For an Employee whose principal work location for the Employer is Canada, any reference to dollars in the Policy will be deemed to refer to Canadian dollars. Any provision in the Policy to the contrary does not apply. All benefits will be payable in the same currency in which premiums were paid.

Eligible Class Definition:

All active, Full-time Employees of the Employer regularly working in Canada and regularly working a minimum of 24 hours per week.

Eligibility Waiting Period

If you were hired on or
before the Policy Effective Date: No Waiting Period

If you were hired after
the Policy Effective Date: No Waiting Period

Elimination Period 120 days

Gross Disability Benefit The lesser of 66.67% of the first \$2,000 of your monthly Covered Earnings, plus 50% of the next \$17,333 of your monthly Covered Earnings or the Maximum Disability Benefit. The Gross Disability Benefit will be rounded to the nearest dollar.

Maximum Disability Benefit \$10,000 per month.

Minimum Disability Benefit The greater of \$100 or 10% of your Monthly Benefit prior to any reductions for Other Income Benefits.

Disability Benefit Calculation

The Monthly Benefit payable to you is figured using the Gross Disability Benefit, Other Income Benefits and the Return to Work Incentive. The Monthly Benefit is based on a 30-day month. The Monthly Benefit will be prorated if payable for any period less than a month.

During any month you have no Disability Earnings, the Monthly Benefit payable is the lesser of (a) or (b) below:

(a) The Gross Disability Benefit, reduced by any *Direct Sources of Other Income Benefits*. The Monthly Benefit will be rounded to the nearest dollar.

(b) If the Monthly Benefit is taxable, 85% of your Pre Tax Covered Earnings reduced by any *Direct & Indirect Sources of Other Income Benefits*. or

If the Monthly Benefit is nontaxable, 85% of your Post-Tax Covered Earnings reduced by any *Direct & Indirect Sources of Other Income Benefits*.

During any month you have Disability Earnings, benefits are determined under the Return to Work Incentive. Benefits will not be less than the Minimum Disability Benefit shown in the Schedule of Benefits except as provided under the section Minimum Disability Benefit.

"Other Income Benefits" means any benefits listed in the Other Income Benefits provision that you receive on your own behalf.

Return to Work Incentive

Your Monthly Benefit payable will be calculated as follows during the first 24 months disability benefits are payable and you have Disability Earnings:

1. If the Monthly Benefit is taxable, add your Pre-tax Disability Earnings, Monthly Benefit, and any *Direct & Indirect Sources of Other Income Benefits*, or
If the Monthly Benefit is nontaxable, add your Post-tax Disability Earnings, Monthly Benefit, and any *Direct & Indirect Sources of Other Income Benefits*.

2. If the Monthly Benefit is taxable, compare the sum from 1. to your Pre-tax Indexed Earnings, or
If the Monthly Benefit is nontaxable, compare the sum from 1. to your Post-tax Indexed Earnings.

3. If the sum from 1. exceeds 2., then subtract 2. from the sum in 1; your Monthly Benefit will be further reduced by this number.

4. If the sum from 1. does not exceed 2., the Monthly Benefit will not be reduced further.

After Disability Benefits are payable for 24 months, the Monthly Benefit will be reduced by 50% of Disability Earnings.

Maximum Benefit Period

a choice from one of the following option:

Option 1:

the 60th Disability Benefit is payable or age 65, whichever is earlier.

Option 2:

the 120th Disability Benefit is payable or age 65, whichever is earlier.

Option 3:

To age 65

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WHO IS ELIGIBLE

If you qualify under the Class Definition shown in the Schedule of Benefits you are eligible for coverage under the Policy on the Policy Effective Date, or the day after you complete the Eligibility Waiting Period, if later. The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. Your Eligibility Waiting Period will be extended by the number of days you are not in Active Service.

Except as noted in the Reinstatement Provision, if you terminate your coverage and later wish to reapply, or if you are a former Employee who is rehired, you must satisfy a new Eligibility Waiting Period. You are not required to satisfy a new Eligibility Waiting Period if your insurance ends because you no longer qualify under your Class Definition, but you continue to be employed, and within one year you qualify again.

Waiving the Eligibility Waiting Period

Your Employer may waive your Eligibility Waiting Period, as outlined on the Schedule of Benefits, as agreed upon between your Employer and you during an employment negotiation.

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WHEN COVERAGE BEGINS

If you do not contribute to the cost of the insurance, you will be insured on the date you become eligible.

If you contribute to the cost of the insurance and your Employer requires a request to authorize payroll deduction, the request must be received within 31 days of your becoming eligible. Your insurance will be effective on the latest of the following dates.

1. The Policy Effective Date.
2. The date you become eligible
3. The date your Employer receives the request for coverage, if required.

If your Employer requires a request for coverage but receives it more than 31 days after you are eligible for insurance, Evidence of Insurability must be provided before the insurance is effective. If approved, the insurance is effective on the date the Insurance Company agrees in writing to insure you.

If you are not in Active Service on the date your insurance would otherwise be effective, it will be effective on the date you return to any occupation for your Employer on a Full-time basis.

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WHEN COVERAGE ENDS

Your coverage ends on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated;
3. the date you are no longer in an eligible class;
4. the day after the end of the period for which premiums are paid;
5. the date you are no longer in Active Service;
6. the date benefits end because you did not comply with the terms and conditions of the insurance coverage;
7. the date you reach age 65 less the elimination period on the Schedule of Benefits.

If you are entitled to receive Disability Benefits when the Policy terminates, Disability Benefits will be payable to you if you remain disabled and meet the requirements for the insurance. Any later period of Disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

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WHEN COVERAGE CONTINUES

If you are no longer in Active Service, you may be eligible to continue insurance. The following provisions explain the continuation options available under this Policy.

Premiums are required to continue insurance. Unless you have agreed in writing to terminate insurance, the Employer is responsible for all premium payments to continue insurance, and for collecting any premium contributions that may be required of you.

Disability Insurance continues if your Active Service ends due to a Disability for which benefits under the Policy are or may become payable. Premiums for you will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when the Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave of absence as determined by an applicable federal or provincial law, insurance coverage will continue during the leave of absence for the maximum period required by the applicable law.

If your Active Service ends due to any other leave of absence approved in writing by your Employer prior to the date your cease work, insurance will continue for you for up to 1 month in which the leave begins. An approved leave of absence does not include Temporary Layoff or termination of employment.

If your Active Service ends due to a Temporary Layoff, insurance coverage will continue for up to 1 month.

If your Active Service ends due to a Termination of Employment, insurance coverage will continue for the required notice period under applicable provincial legislation.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- a. the date your employment relationship with the Employer terminates;
- b. the date premiums are not paid when due;
- c. the end of the 30 day period that begins with the first day of such excused absence;
- d. the end of the period for which such short term absence is excused by the Employer.

Notwithstanding any other provision of this policy, if your Active Service ends due to termination of employment or any other termination of the employment relationship, insurance will terminate and continuation of insurance under this provision will not apply.

If your insurance is continued pursuant to this When Coverage Continues provision, and you become Disabled during such period of continuation, Disability Benefits will not begin until the later of the date the Elimination Period is satisfied or the date you are scheduled to return to Active Service.

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TAKEOVER PROVISION

This provision applies to you only if you are eligible under this Policy and were covered for long term disability coverage on the day prior to the effective date of this Policy under the Prior Plan provided by the Policyholder or by an entity that has been acquired by the Policyholder.

- A. This section A applies to you if you are not in Active Service on the day prior to the effective date of this Policy due to a reason for which the Prior Plan and this Policy both provide for continuation of insurance. If required premium is paid when due, we will insure an Employee to which this section applies against a disability that occurs after the effective date of this Policy for the affected employee group. This coverage will be provided until the earlier of the date: (a) you return to Active Service, (b) continuation of insurance under the Prior Plan would end but for termination of that plan; or (c) the date continuation of insurance under this Policy would end if computed from the first day you were not in Active Service. The Policy will provide this coverage as follows:
 1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
 2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while you are insured under this Policy if all of the following conditions are met:
 1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
 2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
 3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
 4. The Disability begins within 6 months of your return to Active Service and your insurance under this Policy is continuous from this Policy's Effective Date.

- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply if you were covered under a Prior Plan and satisfied the pre-existing condition limitation, if any, under that plan. If you did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the Gross Disability Benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

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DESCRIPTION OF BENEFITS WHAT IS COVERED

Disability Benefits

We will pay Disability Benefits if you become Disabled while covered under this Policy. You must satisfy the Elimination Period, be under the Appropriate Care of a Physician, and meet all the other terms and conditions of the Policy. You must provide to us, at your own expense, satisfactory proof of Disability before benefits will be paid. The Disability Benefit is shown in the Schedule of Benefits.

We will require continued proof of your Disability for benefits to continue.

Elimination Period

The Elimination Period is the period of time you must be continuously Disabled before Disability Benefits are payable. The Elimination Period is shown in the Schedule of Benefits.

A period of Disability is considered continuous, even if you attempt to return to work during the Elimination Period, if you remain Disabled due to the same cause. There is no limit on number of days you may attempt to return to work during the Elimination Period; however, you must be unable to earn more than 80% of your Covered Earnings to meet the Definition of Disability during the Elimination Period. A period of Disability is not continuous if separate periods of Disability result from unrelated causes.

Disability Benefit Calculation

The Disability Benefit Calculation is shown in the Schedule of Benefits. Monthly Disability Benefits are based on a 30 day period. They will be prorated if payable for any period less than a month. If you are working while Disabled, the Disability Benefit Calculation will be the Return to Work Incentive.

Return to Work Incentive

The Return to Work Incentive is shown in the Schedule of Benefits. You may work for wage or profit while Disabled. In any month in which you work and a Disability Benefit is payable, the Return to Work Incentive applies.

We will, from time to time, review your status and will require satisfactory proof of earnings and continued Disability.

Minimum Benefit

We will pay the Minimum Benefit shown in the Schedule of Benefits despite any reductions made for Other Income Benefits. The Minimum Benefit will not apply if benefits are being withheld to recover an overpayment of benefits.

Other Income Benefits

If Disability Benefits are payable to you under this Policy, you may be eligible for benefits from Other Income Benefits. If so, we may reduce the Disability Benefits by the amount of such Other Income Benefits.

Direct Sources of Other Income Benefits:

1. any amounts received (or assumed to be received*) by the Employee under:
 - the Canada and Quebec Pension Plans;
 - any local, provincial or federal government disability or retirement plan or law, excluding Employment Insurance Benefits, payable for Injury or Sickness provided as a result of employment with the Employer;
 - any workers' compensation, occupational disease, unemployment compensation law or similar provincial law payable for Injury or Sickness arising out of work with the Employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted.

Indirect Sources of Other Income Benefits:

1. any sick leave or salary continuation plan of the Employer;
2. any work loss provision in mandatory "No-Fault" auto insurance that does not take Employment Insurance (EI) benefits payable into account when paying benefits..
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF), stock option, stock bonus plan, or other individual retirement account.
4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Insurance Company will pay for its pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.
5. any amounts paid because of past or future loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

*See the Assumed Receipt of Benefits provision.

Increases in Other Income Benefits

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating your Disability Benefits after the first reduction is made for any Other Income Benefits. This section does not apply to any cost of living adjustment for Disability Earnings.

Lump Sum Payments

Other Income Benefits or earnings paid in a lump sum will be prorated over the period for which the sum is given. If no time is stated, the lump sum will be prorated over five years.

If no specific allocation of a lump sum payment is made, then the total payment will be an Other Income Benefit.

Assumed Receipt of Benefits

We will assume you are receiving benefits for which you are eligible from Other Income Benefits. We will reduce your Disability Benefits by the amount from Other Income Benefits we estimate are payable to you.

We will waive Assumed Receipt of Benefits, except for Disability Earnings for work you perform while Disability Benefits are payable, if you:

1. provide satisfactory proof of application for Other Income Benefits;
2. sign a Reimbursement Agreement;
3. provide satisfactory proof that all appeals for Other Income Benefits have been made unless we determine that further appeals are not likely to succeed; and
4. submit satisfactory proof that Other Income Benefits were denied.

We will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until you actually receive them.

Canadian Pension Plan Assistance

The Insurance Company may help the Employee in applying for Canadian Pension Plan Benefits and may require the Employee to file an appeal if it believes a reversal of a prior decision is possible.

The Insurance Company will reduce Disability Benefits by amounts it estimates the Employee will receive, if the Employee refuses to cooperate with or participate in the Canadian Pension Plan Assistance Program.

Recovery of Overpayment

We have the right to recover any benefits we have overpaid. We may use any or all of the following to recover an overpayment:

1. request a lump sum payment of the overpaid amount;
2. reduce any amounts payable under this Policy; and/or
3. take any appropriate collection activity available to us.

The Minimum Benefit amount will not apply when Disability Benefits are reduced in order to recover any overpayment.

If an overpayment is due when you die, any benefits payable under the Policy will be reduced to recover the overpayment.

Successive Periods of Disability

A separate period of Disability will be considered continuous:

1. if it results from the same or related causes as a prior Disability for which benefits were payable; and
2. if, after receiving Disability Benefits, you return to work in your Regular Occupation for less than 6 consecutive months; and
3. if you earn less than the percentage of Indexed Earnings that would still qualify you to meet the definition of Disability/Disabled during at least one month.

Any later period of Disability, regardless of cause, that begins when you are eligible for coverage under another group disability plan provided by any employer will not be considered a continuous period of Disability.

For any separate period of disability which is not considered continuous, you must satisfy a new Elimination Period.

LIMITATIONS

Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse

We will not pay Disability Benefits for a Disability caused by, or contributed to by, any one or more of the following conditions, unless you are participating or cooperating in a reasonable and customary treatment program or is receiving uninterrupted medical care as part of a detoxification treatment or rehabilitation in a facility established for this purpose.

- 1) Alcoholism
- 2) Drug addiction or abuse

Treatment must be prescribed by a licensed Physician or certified specialist for the condition involved and must be of the nature and frequency usually required for the condition involved.

Pre-Existing Condition Limitation

We will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after you are covered for at least 12 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

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ADDITIONAL BENEFITS

Rehabilitation During a Period of Disability

If you are a Disabled Employee, you may be eligible to participate in a Rehabilitation Plan or may be participating in a program that you desire to have approved by us as a Rehabilitation Plan. If you desire to participate in rehabilitation effort or to have your program approved by us as a Rehabilitation Plan, you may request approval from us. We have the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan.

If, while you are Disabled, we determine that you are a suitable candidate for rehabilitation, you may participate in a Rehabilitation Plan. The terms and conditions of the Rehabilitation Plan must be mutually agreed upon by you and us.

The Rehabilitation Plan may, at our discretion, allow for payment of your medical expense, education expense, moving expense, accommodation expense or family care expense while you participate in the program.

A "Rehabilitation Plan" is a written agreement between you and us in which we agree to provide, arrange or authorize vocational or physical rehabilitation services.

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Survivor Benefit

We will pay a Survivor Benefit if you die while Disability Benefits are payable to you for a continuous period of Disability. The Survivor Benefit will equal 100% of the sum of the last full Disability Benefit payable to you plus the amount of any Disability Earnings by which the benefit had been reduced for that month. A single lump sum payment equal to 3 monthly Survivor Benefits will be payable.

We will pay the Survivor Benefit to your Spouse. If you do not have a Spouse, we will pay your surviving Children in equal shares. If you do not have a Spouse or any Children, we will pay your estate.

"Spouse" means your lawful spouse. In the event you are not legally married, it may also mean the person who has been cohabiting and residing with you in a conjugal relationship for an immediately preceding continuous period of at least one year and has been publicly represented by you as your spouse

"Children" means your unmarried children under age 25 who are chiefly dependent upon you for support and maintenance. The term includes a stepchild living with you at the time of your death.

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TERMINATION OF DISABILITY BENEFITS

Benefits will end on the earliest of the following dates:

1. the date you earn from any occupation, more than the percentage of Indexed Earnings set forth in the definition of Disability;
2. the date we determine you are not Disabled;
3. the end of the Maximum Benefit Period;
4. the date you die;
5. the date you are no longer receiving Appropriate Care;
6. the date you fail to cooperate with us in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due;
7. the date you reach age 65.

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WHAT IS NOT COVERED

We will not pay any Disability Benefits for a Disability that results, directly or indirectly, from:

1. suicide, attempted suicide, or self-inflicted injury while sane or insane.
2. war or any act of war, whether or not declared.
3. active participation in a riot.
4. commission of an indictable offence.
5. the revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to Injury or Sickness otherwise covered by the Policy.

In addition, we will not pay Disability Benefits for any period of Disability during which you are incarcerated in a penal or corrections institution.

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CLAIM PROVISIONS

Notice of Claim

Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us at least 30 days prior to the end of your elimination period, as outlines in the Schedule of Benefits, or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Scarborough, Ontario or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Claim Forms

When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss

Written proof of loss, or proof by any other electronic/telephonic means authorized by us must be given to us within 90 days after the end of your elimination period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us must not be given more than one year after the end of your elimination period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us is provided outside of these time limits, the claim will be denied. These time limits will not apply while the person making the claim lacks legal capacity.

Written proof that the loss continues, or proof by any other electronic/telephonic means authorized by us, must be furnished to us at intervals we require. Within 30 days of a request, written proof of continued Disability and Appropriate Care by a Physician must be given to us.

Time of Payment

Disability Benefits will be paid at regular intervals of not less frequently than once a month. Any balance, unpaid at the end of any period for which we are liable, will be paid at that time.

To Whom Payable

Disability Benefits will be paid to you. If any person to whom benefits are payable is a minor or, in our opinion is not able to give a valid receipt, such payment will be made to his or her legal guardian. However, if no request for payment has been made by the legal guardian, we may, at our option, make payment to the person or institution appearing to have assumed custody and support.

If you die while any Disability Benefits remain unpaid, we may, at our option, make direct payment to your estate. We may reduce the amount payable by any indebtedness due.

Payment in the manner described above will release us from all liability for any payment made.

Physical Examination and Autopsy

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

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 Limitations Act, 2002.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the province in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that province.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

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ADMINISTRATIVE PROVISIONS

Premiums

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect. For premium paid for benefits for an Insured whose principal work location for the Employer is in Canada, the reference to dollars herein will be deemed to refer to Canadian dollars. The Employer shall remit any applicable provincial retail sales tax with premium payments

Reinstatement of Insurance

Reinstatement following a Federal or Provincial Leave of Absence

Your insurance may be reinstated if it ends because you are on a federal or provincial leave of absence. If your Active Service ended due to an approved leave pursuant to an applicable employment standards legislation and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the applicable leave of absence.

If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended credit will be given for any time that was satisfied.

Reinstatement following an Employer-Approved Leave of Absence

If your Active Service ends due to an Employer-approved unpaid leave of absence, other than a federal or provincial leave of absence, insurance may be reinstated only if Employee returns to Active Service and the reinstatement occurs within 12 weeks from the date insurance ended.

If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended credit will be given for any time that was satisfied.

Reinstatement for active Employees that lose Eligibility

If insurance ends for you because you are no longer in a Class of Eligible Employees, but continues to be employed by the Employer and within one year becomes a member of an eligible class, you may resume coverage if the Eligibility Waiting Period was fully satisfied prior to the termination of coverage date.

If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) prior to the end of your eligibility, credit will be given for any time that was satisfied.

Reinstatement for Re-hires

If you are a former Employee rehired within 12 months after your termination date, you may resume coverage if the Eligibility Waiting Period was fully satisfied prior to your termination date. Coverage must be reinstated within 31 days of your return to Active Service.

If you are a former Employee who did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) prior to your termination date, credit will be given for any time that was satisfied.

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GENERAL PROVISIONS

Incontestability

All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Active Service

If you are an Employee, you are in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled work day.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Appropriate Care

Appropriate Care means you:

1. Have received treatment, care and advice from a Physician who is qualified and experienced in the diagnosis and treatment of the conditions causing Disability. If the condition is of a nature or severity that it is customarily treated by a recognized medical specialty, the Physician is a practitioner in that specialty.
2. Continue to receive such treatment, care or advice as often as is required for treatment of the conditions causing Disability.
3. Adhere to the treatment plan prescribed by the Physician, including the taking of medications.

Consumer Price Index (CPI)

The Consumer Price Index published by Statistics Canada. If the index is discontinued or changed, another Canadian published index that is comparable to the CPI will be used.

Covered Earnings

Covered Earnings means your wage or salary as reported by the Employer for work performed for the Employer as in effect just prior to the date your Disability begins. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the Policy Anniversary following the change, if the Employer gives us written notice of the change and the required premium is paid.

It does not include any amounts received as bonus, commissions, overtime pay or other extra compensation.

Any increase in your Covered Earnings will not be effective during a period of continuous Disability.

Taxability of Covered Earnings, as outlined below, is used to calculate the Monthly Benefit under the Disability Benefit Calculation.

Pre-Tax Covered Earnings

Pre-Tax Covered Earnings are Covered Earnings, as defined above, prior to any reduction for applicable federal and provincial taxes.

Post-Tax Covered Earnings

Post-Tax Covered Earnings are Covered Earnings, as defined above, less federal and provincial taxes. When the Disability Benefit is deemed nontaxable, the Insurance Company shall use the applicable Canada Revenue Agency tax table for the year in which the disability occurred, using the basic personal amount, to calculate the Employee's Post Tax Covered Earnings.

Disability/Disabled

You are considered Disabled if, solely because of Injury or Sickness, you are:

1. unable to perform the material duties of your Regular Occupation; and
2. unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

After Disability Benefits have been payable for 24 months, you are considered Disabled if, solely due to Injury or Sickness, you are:

1. unable to perform the material duties of any occupation for which you are, or may reasonably become, qualified based on education, training or experience; and
2. unable to earn 60% or more of your Indexed Earnings.

We will require proof of earnings and continued Disability.

Disability Earnings

Any wage or salary for any work performed for any employer during your Disability, including commissions, bonus, overtime pay or other extra compensation.

Pre-Tax Disability Earnings

Disability Earnings, as defined above, prior to any reduction for applicable federal and provincial taxes.

Post-Tax Disability Earnings

Disability Earnings, as defined above, less deducted federal and provincial taxes. When the Disability Benefit is deemed nontaxable, the Insurance Company shall request payroll records to determine the Employee's Post-Tax Disability Earnings.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer

The Policyholder and any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Evidence of Insurability

An eligible person will satisfy the Evidence of Insurability requirement for an amount of coverage on the day the Insurance Company agrees in writing to accept him or her as insured for that amount. To determine a person's acceptability for coverage, the Insurance Company will require the Employee to provide evidence of good health and may require it be provided at the Employee's expense.

Full-time

Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Indexed Earnings

For the first 12 months a Monthly Benefit is payable:

If the Monthly Benefit is taxable, Pre-Tax Indexed Earnings will be equal to Pre-Tax Covered Earnings.

If the Monthly Benefit is nontaxable, Post-Tax Indexed Earnings will be equal to Post-Tax Covered Earnings.

After 12 Monthly Benefits are payable:

If the Monthly Benefit is taxable, the Employee's Pre-Tax Indexed Earnings will be your Pre-Tax Covered Earnings plus an increase applied on each anniversary of the date the first Monthly Benefit became payable.

If the Monthly Benefit is nontaxable, your Post-Tax Indexed Earnings will be your Post-Tax Covered Earnings plus an increase applied on each anniversary of the date the first Monthly Benefit became payable.

The increase will be the lesser of:

1. 10% of your Pre-Tax or Post-Tax Indexed Earnings during the preceding year of Disability; or
2. the rate of increase in the Consumer Price Index (CPI) during the preceding calendar year.

Injury

Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurance Company

The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Monthly Benefit

Disability benefits payable as outlined under the Disability Benefit Calculation.

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of a company in effect on the day prior to that company's addition to this Policy after the Policy Effective Date.

Regular Occupation

The occupation you routinely perform at the time the Disability begins. In evaluating the Disability, we will consider the duties of the occupation as it is normally performed in the general labor market in the national economy. It is not work tasks that are performed for a specific employer or at a specific location.

Rehabilitation Plan

A written plan designed to enable you to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. rehabilitation, under which we may provide, arrange or authorize education, vocational or physical rehabilitation or other appropriate services;
2. work, which may include modified work and work on a part-time basis.

Sickness

The term Sickness means a physical or mental illness.

Temporary Layoff

Temporary Layoff means a temporary suspension of Active Service for a period of time determined in advance by the Employer. Temporary Layoff does not include the permanent termination of Active Service (including but not limited to a job elimination), which shall be treated as termination of employment.

TL-007500.00 as modified by TL-009980

AMENDATORY RIDER

Policyholder: St. Mildred's-Lightbourn School

Policy No. SGD-608163

Effective Date: October 1, 2016

This rider amends the Policy to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

Pre-Disability Vocational Services

The Insurance Company will reimburse an Employer or make a payment on behalf of an Employer, up to the amount shown in the Schedule of Benefits, for expenses that meet all of the following requirements.

1. The expenses are reasonably necessary to allow an Insured whose ability to work in his or her own or any occupation has been adversely affected by Injury or Sickness to continue to work in his or her own occupation or to return to work for the Employer in any occupation.
2. The Injury or Sickness must require confinement in a hospital or continuous care by a health care provider, and has resulted or is likely to result in the Insured becoming Disabled.
3. The expenses must be incurred pursuant to a plan developed or approved by the Insurance Company.
4. The Insured must agree to participate in the plan and must authorize release of necessary information to the Insurance Company for it to develop or approve the plan.
5. The expenses must be incurred for purchases of assistive devices, attire or equipment, or for ergonomic review by a vendor approved by the Insurance Company.
6. The expenses must be incurred within 60 days of development or approval of the plan by the Insurance Company.

In addition, the following are excluded:

1. Any Insured who is or has been subject to a worker's compensation claim or has initiated a worker's compensation claim relating to the Injury or Sickness.
2. Fitness-for-duty examinations or functional capacity evaluations.
3. Replacement of equipment that is provided to employees as part of their job functions, unless it includes features which are not standardly included in equipment provided to employees by the employer, which materially assist the Insured to remain at work or to return to work.

This benefit may be terminated, while the Policy remains in force, as of any premium due date by the Employer or the Insurance Company, upon 31 days written notice.

Except for the above this rider does not change the Policy to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA



Matthew G. Manders, President

**UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a Cigna company**

Class 1
11/2016

