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INTRODUCTION

Ingram Micro maintains a comprehensive Benefit Program designed to provide financial protection and future security for you and your family. **My Choice** offers you the flexibility to design your group insurance benefit package to suit your personal needs.

This information has been developed to assist you in the **My Choice** process.

My Choice has four basic components:

1. A “Flex Dollar Allowance”. The allowance is provided as a means to purchase the benefit coverage that best reflects your lifestyle.
2. Some mandatory coverage with options. This is basic insurance Ingram believes every employee should have.
3. Optional Plans where you choose the benefit options that best reflect your lifestyle.
4. An on-line enrollment tool to assist you in making your choices.

On-line Enrollment:	Whether you are a new or current employee the enrollment process begins when you receive a letter from Human Resources containing your username and password. Next, you go to the Ingram Micro Intranet (ca-inside), go to Human Resources and then Benefits. Click on the “My Choice Flex Benefit Enrollment” link. Enter your username and password and follow the instructions on the screen.
On-line Menu Bar:	When you enter the enrollment site and have logged in you will see the following menu bar; Home, About You, Plan Details, Downloads, Help and Logoff.
Home:	Clicking the “Home” button will return you to the beginning of the enrollment process.
About You:	“About You” provides information about your plan history and your personal profile.
Plan Details:	“Plan Details” provides a drop down menu with details about all the various benefits offered.
Downloads:	Any form you might require during the enrollment is available in Adobe Acrobat format from this menu.
Help:	Each screen has navigational page sensitive help in the top right corner. You will find specific instructions on what you should be doing on each page.
Logoff:	Takes you out of the enrollment site.

If you need additional information on the benefit options or the **My Choice** program in general, please call your Human Resources Department.

PLAN OVERVIEW

The Mandatory and Optional Plans offer you the following coverage.

BENEFIT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
<u>Medical</u>				
Hospital	Not Covered	75% (semi-private)	100% (semi-private)	100% (private)
Hearing Aids	Not Covered	Not Covered	100%	100%
Drugs	Not Covered	75% - generic with card & \$6 dispensing fee cap	90% - generic with card & \$6 dispensing fee cap	100% - generic with card & \$6 dispensing fee cap
Professional Services	Not Covered	75% - \$300 max./yr.	100% - \$500 max./yr.	100% - \$500 max./yr. 1 st dollar for Chiropractor & Podiatrist
Out-of-Province & Country Medical Emergency	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Emergency Travel Assistance (ETA)	Unlimited	Unlimited	Unlimited	Unlimited
<u>Dental</u>				
Basic	No Coverage	(Current Fee Schedule) 75%	(Current Fee Schedule) 100%	(Current Fee Schedule) 100%
Preventative		} Combined max. } \$1,000/year } per insured	} Combined max. } \$1,250/year } per insured	} Combined max. } \$2,000/year } per insured
Diagnostic				
Periodontics				
Endodontics				
Major Restorative				
Orthodontics (children)		Not Covered	Not Covered	50%
		Not Covered	Not Covered	50% \$2,000/lifetime max.
Vision Care	No Coverage	\$150/24 months	\$250/24 months	\$350/24 months
Short Term Disability (STD)	66 2/3 of weekly salary Maximum - \$1,600/wk. 0/7 waiting period 17 week benefit period			

Plan overview continued on next page.

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BENEFIT	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6
Long Term Disability (LTD)	66 2/3 of first \$2,250 of monthly earnings <u>plus</u> 50% of next \$25,000 5 year benefit period	66 2/3 of first \$2,250 of monthly earnings <u>plus</u> 50% of next \$25,000 To age 65 benefit period	66 2/3 of first \$2,250 of monthly earnings <u>plus</u> 50% of next \$25,000 COLA – 3% maximum To age 65 benefit period			
Employee Life Insurance	2 x Annual Salary	3 x Annual Salary	5 x Annual Salary	7 x Annual Salary		
Spousal Life Insurance	No Coverage	\$10,000	\$20,000	\$50,000	\$100,000	\$150,000
Child Life Insurance	No Coverage	\$5,000	\$10,000	\$20,000		
Accidental Death & Dismemberment (AD&D)	2 x Annual Salary	3 x Annual Salary	5 x Annual Salary	7 x Annual Salary		
Associate Critical Illness (CI)	\$5,000	\$15,000	\$30,000	\$55,000		
Spousal Critical Illness (CI)	No Coverage	\$5,000	\$10,000	\$25,000	\$50,000	

Limits and other restrictions may apply (see Plan Details in the following pages).

PLAN OVERVIEW

Definition of Terms

Various terms are used throughout this material. The key terms that you should be familiar with are defined below:

- ?? **Beneficiary** : Individual(s) you designate in writing to receive benefits following your death. If the beneficiary you appoint is under 18 years of age, a trustee will be required before the payment can be made.
- ?? **Flex Dollar Allowance** : The amount of money that the company provides to help you purchase the benefits you want.
- ?? **Coinsurance** : The amount the Plan reimburses you, after you have paid any required deductible.
- ?? **Coordination of Benefits** : If you have health or dental coverage through another plan, such as your spouse's company plan, your benefits can be coordinated with benefits from the other plan. This means that your total reimbursement for expenses may be up to 100%.
- ?? **Coverage Category** : The level of medical, vision and dental coverage you require, that is, Employee (E) if you have no eligible dependents, Employee + 1 if you have one dependent only (child or spouse) and Employee + 2+ if you have more than one dependent (spouse and/or dependent children).
- ?? **Dependent** :
 - : Each child shall include (from birth) children of the marriage, legally adopted children and stepchildren. A child must be unmarried, not employed on a regular and full-time basis and under 22 years of age. A child age 22 to 24 inclusive will be considered a dependent if in full-time attendance at an accredited school, college or university and the student's normal residence is in Canada.
 - : Any mentally or physically handicapped child wholly dependent upon the employee for support and maintenance shall remain insured beyond any limiting age.
 - : Spouse - Means the legal spouse of the Insured Person or an individual who has been residing with the Insured Person for a period of at least one year and who has been designated as the spouse of the Insured Person in the Policyholder's records for insurance purposes.
- ?? **Eligibility** : The continuous period during which you must be actively at work before being eligible for coverage under this contract.
- ?? **'Opt Out' of Benefit Coverage** : If you choose the 'no coverage' option for dental and/or vision then you are restricted to the lowest benefit option should you elect coverage at a later date. If enrolled in these benefits, to 'opt out' you can only do so after moving down to the lowest benefit option first. See Standard Operating Procedures on the following page for further details.
- ?? **Waive Coverage** : If you have coverage under your spouse's plan you may waive the medical, dental and/or vision benefit. If you subsequently lose that coverage then you can come into the 'My Choice'

PLAN OVERVIEW

options within 31 days and choose any option.

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- ?? **Premium** : The annual cost for coverage under each option. Premiums can be paid using your Flex Dollar Allowance, payroll deductions, or a combination of both.
- ?? **Reasonable & Customary** : Charges that do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charge is incurred, when furnishing like or comparable treatment, services or supplies.
- ?? **Salary** : Salary includes your base or regular pay, retroactive earnings, vacation and sick time, sales commissions and sales quarterly commission. Salary excludes but is not limited to, incentive plan payments of any type, SPIFFS, relocation assignment payments, IMI stock related payments, special incentive pay, gainsharing, spot bonus, awards, contests, attendance awards, car allowance or commissions for Credit employees.

Standard Operating Procedures (S.O.P.s/Rules)

- : Benefit enrollment occurs one time per year.
- : Evidence of Insurability will be required on Life insurance exceeding \$700,000 and LTD insurance over \$10,500 on your initial enrollment and to increase coverage on subsequent re-enrollments. Evidence is required on all amounts of Spousal Life Insurance.
- : Re-enrollment between anniversary dates can occur if there is a dependent status change (i.e. single to employee +1 or +2+ or vice versa) because of marriage, divorce, birth or death. You must apply within 31 days or medical evidence will be required.
- : Re-enrollment between anniversary dates can occur if Medical and/or Dental coverage had been waived because of spousal coverage, but your spouse loses that coverage. Vision Care can also be taken if the spouse loses Health coverage which included Vision Care. You must apply within 31 days after your spouse loses coverage or medical evidence will be required.
- : Salary changes will not cause a re-enrollment.
- : Medical, Dental and Vision Care - on initial enrollment any Option can be chosen. On subsequent re-enrollments you may only move up or down one Option per year (i.e. if in Option 4 you must change to Option 3 for a year and then Option 2).

You can only 'opt out' of dental and/or vision by moving down to Option 2 first and then out (i.e. if in Option 4 you must change to Option 3 for a year; then to Option 2 for a year; and then out the following year).

If you elect to opt out of Dental and/or Vision coverage you will only be able to come into the plan at the lowest benefit option (Option 2).

If in Option 1 medical you can only increase coverage on subsequent re-enrollments one Option per year (i.e. if in Option 1 you can only move up to Option 2 the following year).

BEFORE MAKING YOUR CHOICES

It is important that you think about your total financial picture and consider the long-term impact of your decision. For example, you should consider your family's typical health care expenditures in a year.

In order to gain the maximum tax advantage you can choose the way you pay for your benefits. Premiums can be paid using your Flex Dollar Allowance, payroll deductions, or a combination of both. These instructions will tell you which payment method offers the greatest tax advantage.

Completing The On-line Enrollment

To begin the process Human Resources will assign you a username and password and an enrollment period. The enrollment period will consist of a start date and an end date. During that time you will be able to make changes or selections in your plan. Outside of that period you will be able to view your information only.

The First Step ...

Go to the Ingram Micro Intranet (ca-inside), go to Human Resources and then Benefits. Click on the "My Choice Flex Benefit Enrollment" link. Enter your username and password.

The Second Step ...

Follow the instructions on each screen until you come to the end. You can cancel the procedure at any time and begin again anytime during your enrollment period. Your selections will not be registered until your benefits effective date.

The Third Step ...

Complete any forms that were requested during the enrollment and submit to Human Resources.

Choosing Your Benefits

Now it is time to select your benefits. The following pages provide information about the coverage available.

A detailed description of each benefit can be reviewed by selecting 'Plan Details' at the top of the screen and clicking the appropriate benefit. A brief benefit description can also be reviewed by clicking the information under the 'coverage' heading in the enrollment screen.

MEDICAL PLANS

Your Provincial Health Care Plan provides limited coverage for many medical expenses. Details of coverage and benefits can be obtained directly from your Provincial Health Care Office. To supplement this coverage, **My Choice** offers the following plans.

	BENEFITS	Co-INSURANCE	MAXIMUM BENEFIT
Option 1	Out-of-Province (Country) Medical Emergency Emergency Travel Assistance (ETA)	100% 100%	\$5,000,000 Unlimited
Option 2	Out-of-Province (Country) Medical Emergency Emergency Travel Assistance (ETA) Semi-Private Hospital Hearing Aids Prescription Drugs (with drug card & \$6 dispensing fee cap) Professional Services*	100% 100% 75% Not Covered 75% generic 75%	\$5,000,000 Unlimited Unlimited/lifetime Not covered Unlimited \$300/year
Option 3	Out-of-Province (Country) Medical Emergency Emergency Travel Assistance (ETA) Semi-Private Hospital Hearing Aids Prescription Drugs (with drug card & \$6 dispensing fee cap) Professional Services*	100% 100% 100% 100% 90% generic 100%	\$5,000,000 Unlimited Unlimited/lifetime \$500/5 years Unlimited \$500/year
Option 4	Out-of-Province (Country) Medical Emergency Emergency Travel Assistance (ETA) Private Hospital Hearing Aids Prescription Drugs (with drug card & \$6 dispensing fee cap) Professional Services*	100% 100% 100% 100% 100% generic 100%	\$5,000,000 Unlimited Unlimited/lifetime \$500/5 years Unlimited \$500/year (1 st dollar Chiropractor & Podiatrist)

*Dollar limits and other restrictions apply per eligible person insured (see the Medical Plan Details in the following pages).

Making Choices:	Choose the Medical coverage you want. <u>You must choose one of the four options.</u>
Tax Facts:	Medical coverage is a non-taxable benefit (Except in Quebec).
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Waiver: If you do not want coverage because you have coverage through your spouse, click the waiver button and provide the requested information. Payment Method: Flex Dollars, payroll deduction or combination.

MEDICAL PLAN DETAILS

The following is a further description of some of the specific elements of your medical plan. If you have further questions about the coverages offered under each option contact your Human Resources Department.

- ?? **Ambulance** : Other than airline, to and from the nearest hospital qualified to provide the necessary treatment.
 - : Emergency transportation within the insured's province of residence by airline to and from the nearest hospital, subject to a maximum benefit equal to the economy airfare for the insured, and, if medically required, a medical attendant who is neither a resident in your home nor a relative of your family.
- ?? **Changing Options** : You must select one of the medical options you wish the first time you enroll in the plan. On subsequent re-enrollments you may only move one Option level per year up or down (i.e. if in Option 4 initially you can only move down to Option 3 and then Option 2 the next year before choosing Option 1).
 - : If you have coverage under your spouse's plan you can choose to waive the benefit.
- ?? **Hearing Aids** : Charges for the purchase of hearing aids (excluding batteries). Covered expenses, per insured person, are limited to \$500 for each consecutive 60 month period.
- ?? **Preferred Accommodation in Canadian Hospitals** : In Canada – either semi-private or private coverage in a licensed Canadian hospital.
 - : Outside Canada – semi-private.
- ?? **Convalescent Hospital** : While under the care of a physician or registered nurse provided the stay commences not less than fourteen days following a period of hospitalization and prescribed by a physician.
 - : Maximum of \$75 per day, up to a maximum of 60 days.
- ?? **Orthopaedic Shoes, Orthotics and Arch Supports** : Purchase of orthopaedic shoes, orthotics and arch supports specially designed and molded, prescribed in writing by a Chiropodist or Podiatrist and are required to correct a diagnosed physical impairment.
 - : Limited to an overall maximum benefit of \$500 per policy year.
- ?? **Out-of-Province and Country Medical & Emergency Travel Assistance** : Duration of stay outside Canada – 180 days.
 - : Travel Assistance Services - provides on the spot help in case of emergency for covered employees and family members travelling outside province of residence. Full details can be downloaded.
 - : If on leave of absence, the maximum amount is \$50,000 for a stay abroad that must not exceed 3 months; if not actively at work due to a lay-off, strike or lock-out for a period exceeding 3 months, the maximum amount as of the end of such period is \$50,000.
- ?? **Outside Canada Referral** : If referred by a physician for non-emergency treatment outside your province of residence, or for non-emergency treatment outside Canada, when treatment is unavailable in Canada and for which there is no medically sufficient alternate treatment available in Canada, the following are covered, in excess of any provincial government plan allowance, provided they are eligible for reimbursement in whole or in part by any

MEDICAL PLAN DETAILS

provincial government plan.

- | Semi-private accommodation in hospital (reasonable & customary charges).
- | Services of a physician (reasonable & customary).
- | Hospital services and supplies furnished during hospitalization, and for x-ray examinations and laboratory tests related to medical treatment rendered without hospitalization.
- | Outside Canada referral expenses are subject to a maximum benefit of \$100,000 per policy year.
- ?? **Prescription Drugs**
 - | There is a \$6 dispensing fee cap on drugs for all Options. Any amount charged over \$6 will be the responsibility of the insured.
 - | Drugs or medicine (including preventive vaccines) required for therapy and which can only be obtained on the written prescription of a physician and dispensed by a pharmacist.
 - | No benefit will be payable for any single purchase of drugs which would not reasonably be used within 100 days from the date of purchase for maintenance drugs and 34 days from the date of purchase for other drugs.
 - | Fertility drugs are covered to a maximum of \$1,000/year and \$3,000/lifetime.
 - | *Generic drug* is a term for products that contain the same medicinal ingredient(s) as the original brand name drug.
- ?? **Private Duty Nursing**
 - | If recommended by a physician and only if medically necessary charges for services of a Registered Nurse, licensed practical nurse, Certified Nursing Assistant or member of Victorian Order of Nurses, while not confined to a hospital, provided such nurse is not a resident in your home or a relative of your family.
 - | Limited to an overall maximum benefit of \$10,000 per policy year.
- ?? **Professional Services**
 - | Services, without written medical recommendation, of a Psychologist, Chiropractor*, Naturopath, Podiatrist/Chiropodist* and Speech Therapist to a maximum of \$300 or \$500 per policy year, per insured person.
*Option 2 & 3 - Reimbursement begins once the provincial plan maximum has been reached.
X-ray examinations made by a Chiropractor are limited to a maximum of four per policy year, at a maximum rate of \$25.00 per examination.
 - | Services, with written medical recommendation, of an Osteopath, Physiotherapist and Masseur to a maximum of \$300 or \$500 per policy year, per insured person.
 - | Eligible expenses are limited to one professional visit per day for each type of specialist.
- ?? **Accidental Dental**
 - | Necessary dental treatment required as a result of an accidental injury to natural teeth provided by a dentist or specialist in accordance with the normal suggested fee for a general practitioner.
 - | The dental work must be completed within 12 months of the accident to be considered. All other dental expenses are excluded.

MEDICAL PLAN DETAILS

- ?? **Durable Medical Equipment** | Rental (or initial purchase at the option of Insurer) of a non-motorized wheelchair, crutches, manual hospital bed, respiratory equipment and any other durable medical equipment, excluding batteries and repairs, required on a temporary basis for therapeutic purposes (as approved by Insurer).
- ?? **Laboratory tests/x-rays** | Which are not covered by any provincial government plan, subject to a maximum benefit of \$500 per policy year.
- ?? **Extension of Coverage** | Upon your death, eligible dependents' Medical insurance is extended, without premium payment, for twenty-four months from the date of death or to the date the policy or benefit terminates, whichever is earlier.
- ?? **Exclusions** | Eligible expenses shall not include any of the following:
- charges which are considered an insured service of any provincial government plan,
 - charges for general health examinations, and examinations required for use of third party,
 - charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment,
 - charges for medical treatment or surgical procedure by a physician other than as provided under Out of Province and Country expenses,
 - charges for transport or travel, other than as specifically provided under eligible expenses,
 - charges not specified in the foregoing list of eligible medical expenses,
 - charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his license,
 - charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy,
 - charges which are from an occupational injury or disease covered by any Workers' Compensation law or similar legislation,
 - charges which would not normally have been incurred but for the presence of this insurance or for which you are not legally obligated to pay,
 - charges which the Insurer is not permitted, by any law or regulation, to cover,
 - charges for dental work where a third party is responsible for payment for such charges,
 - charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind,
 - charges for services or supplies resulting from any intentionally self-inflicted wound,
 - charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved,
 - charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society,
 - charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies,
 - eye examinations
- ?? **Termination of Benefit** | Age 70 or earlier retirement.

MEDICAL PLAN DETAILS
Benefit

DENTAL PLANS

Good dental care is an extension of good health care. **My Choice** offers the following plans.

	EXPENSES	CO-INSURANCE	MAXIMUM BENEFIT
Option 1	No Coverage		
Option 2 Current Fee Schedule	Basic Preventative Diagnostic Endodontics Periodontics Major Restorative Orthodontics	75% 75% 75% 75% 75% Not Covered Not Covered	Combined maximum of \$1,000/year " " " " n/a n/a
Option 3 Current Fee Schedule	Basic Preventative Diagnostic Endodontics Periodontics Major Restorative Orthodontics	100% 100% 100% 100% 100% Not Covered Not Covered	Combined maximum of \$1,250/year " " " " n/a n/a
Option 4 Current Fee Schedule	Basic Preventative Diagnostic Endodontic Periodontic Major Restorative Orthodontics (children only)	100% 100% 100% 100% 100% 50% 50%	Combined maximum of \$2,000/year " " " " " \$2,000/lifetime (per eligible insured person)
Making Choices:	You must decide whether you want coverage under this benefit. Some restrictions apply (see Standard Operating Procedures on page 5).		
Tax Facts:	Dental coverage is a non-taxable benefit (Except in Quebec). Thus \$2,000 of tax-free orthodontic reimbursement can be equivalent to \$3 - \$4,000 of before tax income.		
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Waiver: If you do not want coverage because you have coverage through your spouse, click the waiver button and provide the requested information. Payment Method: Flex Dollars, payroll deduction or combination.		

Some restrictions apply on changing coverage.

DENTAL PLAN DETAILS

The following is a further description of some of the specific elements of your dental plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

- ?? Changing Options** | You may select any dental option you wish the first time you enroll in the plan. On subsequent re-enrollments you may only move one Option level per year up or down. Also, you must move down to Option 2 before you can opt out of the Dental plan (i.e. if in Option 4 initially you must move to Option 3 in year 2 and then Option 2 in year 3 and then you may opt out at the next enrollment).
- | If you elect to opt out of Dental coverage you will only be able to come into the plan at the lowest benefit Option (Option 2).
- ?? Current Fee Schedule** | This refers to the provincial dental fee guide published annually by your provincial dental association. The guide provides your dentist with the suggested price for all dental procedures.
- ?? Maximum Benefit** | Annual or lifetime maximums as described in the Options are per insured member (i.e. Orthodontics is \$2,000 per child lifetime maximum).
- ?? Alternate Benefits and Submission of Treatment Plan** | Where there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, Maritime Life reserves the right to determine eligible expenses on the basis of an alternate benefit. Maritime will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. Have your dentist complete a treatment plan on a form you can obtain from the Human Resources department, including pre-treatment x-rays if the proposed treatment involves crowns or bridgework.
- ?? Basic Services** | Examinations and Diagnosis
- oral examinations,
 - recall oral examinations are limited to once every 6 months,
 - emergency oral examination,
 - specific oral examination,
 - radiographs,
 - tests and laboratory examinations,
 - topical fluoride,
 - oral hygiene instruction (initial instruction),
 - finishing restorations,
 - pit and fissure sealant
 - space maintainers,
 - periodontal appliances
 - amalgam restorations,
 - acrylic or composite resin restorations,
 - recement inlay or crown,
 - removal of inlay or crown,
 - oral surgery,
 - anesthesia (only in relation to surgery).

DENTAL PLAN DETAILS

- ‡ Endodontics - conservative root canal therapy.
- ‡ Periodontics - scaling/root planing (combined limit of twelve units per policy year), periodontal splinting, surgical services.
- ‡ Dentures - adjustments, repairs, relining and rebasing
- ?? **Major Services** ‡ Prosthetics
 - removable prosthetic devices - the initial installation of full or partial dentures, subject to the pre-existing condition (see 'exclusions').
 - replacement of existing dentures is not covered except if a) the replacement is required because of extraction, loss or fracture of one or more sound natural teeth after becoming insured under this benefit or, b) the replacement is more than 12 months after becoming insured under this coverage, and the existing denture is at least 5 years old and no longer serviceable.
 - extensive restorative dentistry - covered procedures include inlays, onlays and crowns, used to restore the natural teeth to their normal functions where the tooth, as a result of extensive caries or fracture, cannot be restored with a filling. The replacement of inlays, onlays and crowns are covered only if the replacement is more than 12 months after becoming effective under this benefit, and the existing inlay, onlay, or crown is at least 5 years old and no longer serviceable. When a tooth can be restored with silver amalgam, silicate or synthetic restorations, benefits will be determined based on the usual costs of such a restoration (refer to 'exclusions').
 - fixed prosthetic devices - the initial installation subject to pre-existing conditions (see 'exclusions'). Recementing and replacement of the facing or veneer of the fixed prosthetic device.
 - replacement of the fixed prosthetic device is not covered except if a) the replacement is required because of extraction, loss or fracture of one or more sound natural teeth after becoming insured under this benefit or b) the replacement is more than 12 months after becoming insured under this benefit, and the existing fixed prosthetic device is at least 5 years old and no longer serviceable.
 - whenever laboratory fees are incurred, they shall be limited to 60% of the fixed fee determined for the procedure.
 - a pre-treatment plan should be submitted to Maritime Life prior to Major Dental treatment. Confirmation of all eligible expenses and the amount will be provided.
- ?? **Orthodontics** ‡ Diagnosis or correction of teeth irregularities and malocclusion of jaws for dependent children (under age 19).
- ?? **Extension of Coverage** ‡ Upon your death, eligible dependents' Dental insurance is extended, without premium payment, for twenty-four months from the date of death or to the date the policy or benefit terminates, whichever is earlier.

DENTAL PLAN DETAILS

- ?? Exclusions**
- | No payment will be made for any procedure required due to any injury or dental disease for which treatment was advised or began before the effective date for that procedure. Payments will not be made for any procedure required due to teeth extracted, missing or fractured before the effective date of coverage for that procedure, except as specifically stated for appliance replacement under covered expenses.
 - | Treatment or appliance, related directly or indirectly to full mouth reconstruction, to correct vertical dimension and temporomandibular joint dysfunction.
 - | Services rendered by a dental hygienist and not administered under supervision of a dentist.
 - | Dental services covered under the health insurance benefit, if such benefit is part of this plan, or under any other group insurance contract.
 - | Services and supplies relating to any appliance worn in the practice of a sport.
 - | Expenses which are or would normally be payable or reimbursable under a private or public insurance plan.
 - | Self-inflicted injury, while sane or insane.
 - | Injury or illness resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot.
 - | Services which are not medically required, which are given for cosmetic purposes or which exceed ordinary services given in accordance with current therapeutic practice.
 - | Care or services rendered free of charge or which would be free of charge were not for insurance coverage or which are not chargeable to the insured person.
- ?? Termination of Benefit**
- | Age 70 or earlier retirement.

VISION CARE PLANS AND DETAILS

This benefit provides you with additional insurance coverage.

	MAXIMUM BENEFIT
Option 1	No Coverage
Option 2	\$150/24 months
Option 3	\$250/24 months
Option 4	\$350/24 months

Making Choices:	You must decide whether you want coverage under this benefit. Some restrictions apply (see Standard Operating Procedures on page 5).
Tax Facts:	This coverage is a non-taxable benefit (Except in Quebec).
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination.

The following is a further description of some of the specific elements of your Vision Care plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

- ?? **Benefit**
 - | This benefit provides coverage for lenses and frames for eyeglasses, contact lenses or laser eye surgery limited to the maximum benefit per eligible insured person in any period of 24 consecutive months.
 - | Medically required contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, Keratoconus (orical cornea) or Aphakia, provided visual acuity can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses. Limited to a maximum benefit of \$200 in any 24 consecutive months.
- ?? **Changing Options**
 - | You may only move up or down one Option per year. Once enrolled in an Option you can only opt out by moving down to Option 2 first and then out (i.e. if in Option 4 you must change to Option 3 for a year; then Option 2 for a year; and then out).
 - | If you elect to opt out of Vision Care coverage you will only be able to come into the plan at the lowest benefit Option (Option 2).
- ?? **Eye Exams**
 - | One examination up to a maximum of \$35 in each consecutive 24 month period (12 months for dependents under 18 years old).
- ?? **Termination of**
 - | Age 70 or earlier retirement.

VISION CARE PLANS AND DETAILS
Benefit

SHORT TERM DISABILITY (STD) INSURANCE DETAILS

The following is a further description of some of the specific elements of your STD plan. If you have further questions about the coverage offered under each option contact your Human Resources department.

- ?? Successive Periods of Disability** | If you return to active work and again become disabled within two consecutive weeks of the first disability resulting from the same cause or related causes it is considered to be a continuation of the previous disability.
- ?? Disability Definition** | You are considered disabled if you are incapacitated to the extent that you are not able to perform any and every duty of your occupation or employment. No more than one benefit will be payable during any period of disability from one or more causes.
- ?? Exclusions** | No benefit is payable:
- for the portion of a period of disability you are not under treatment by a physician;
 - for any disability resulting from intentionally self-inflicted injuries, whether sane or insane;
 - for any disability resulting from voluntary participation in war, riot or insurrection;
 - for the portion of a period of disability during a) imprisonment in a penal institution; or b) confined in a hospital, or similar institution, as a result of criminal proceedings;
 - during any leave of absence;
 - for a disability which commences on or after the date a strike or layoff begins, subject to any provincial Employment or Labour Standards Act.
 - for the portion of a period of disability you are eligible to receive benefits under any Workers' Compensation Law or any similar law; unless due proof is submitted to Maritime Life that you have been disqualified for benefits.
- ?? Subrogation** | If you are entitled to recover compensation for loss of income from a third party as a result of the incident which caused or contributed to the disability, Maritime will be subrogated to all your rights of recovery for loss of income, to the extent of the sum of benefits paid or payable by Maritime. You shall execute such documents as required by Maritime.
- Should you choose to settle the matter prior to judicial determination, it is understood that the sum reached in settlement will be deemed to be full compensation for loss of income, and Maritime's right of subrogation will apply.
- The term compensation shall include any lump sum or periodic payments which you receive or are entitled to receive on account of past, present or future loss of income.
- ?? Termination of Benefit** | Age 65 or earlier retirement.

SHORT TERM DISABILITY (STD) INSURANCE DETAILS

LONG TERM DISABILITY (LTD) INSURANCE

If you are disabled due to sickness or injury, Long Term Disability provides you with an income while you are away from work. You must choose from the following coverages.

	COVERAGE
Option 1	66 2/3% of first \$2,250 of monthly earnings plus 50% of the next \$25,000 Maximum benefit - \$14,000/month Benefit Period - 5 years or age 65 whichever occurs first
Option 2	66 2/3% of first \$2,250 of monthly earnings plus 50% of the next \$25,000 Maximum benefit - \$14,000/month Benefit Period - to age 65
Option 3	66 2/3% of first \$2,250 of monthly earnings plus 50% of the next \$25,000 COLA (cost of living) to age 65 (3% maximum) Maximum benefit - \$14,000/month Benefit Period - to age 65

Under each option, the total benefit including other income (such as CPP/QPP benefits) may not exceed:

- 85% of pre-disability after-tax earnings.

Making Choices:	Choose the LTD coverage you want. <u>You must choose one of the three options.</u>
Tax Facts:	If you buy LTD with your Flex Dollar Allowance this premium amount will be added to your income so that if you become disabled you will not have to pay tax on any income you receive from the LTD plan. If you buy LTD through payroll deduction or a combination of Flex Dollars and payroll deduction any income you receive from the LTD plan will be tax-free as well.
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2 or 3. Payment Method: Flex Dollars, payroll deduction or a combination.

LONG TERM DISABILITY (LTD) DETAILS

The following is a further description of some of the specific elements of your LTD plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

- ?? **Evidence of Insurability** | Medical evidence will be required on insurance over \$10,500 and to increase LTD coverage on subsequent re-enrollments.
- ?? **Indexation** | On the first of January each year the monthly income is increased based on the increases in the Consumer Price Index but shall not exceed 3%. The increase commences on the first of January following the payment of the initial monthly installment.
(Option 3 only)
- ?? **Maximum Disability Period** | Benefits will be payable for either a five year period only or to your age 65 (depending on the Option selected).
| Benefits will not be payable beyond age 65, unless you satisfy the Qualifying Disability Period while age 64, in which case benefits will be payable for a maximum of 12 months.
- ?? **Pre-existing Conditions** | No benefits are payable for any disability beginning within twelve months of your effective date of insurance if the disability is caused by, partly attributable to or is a consequence of a sickness or injury for which you have received medical treatment or services or took prescription drugs or medicine within ninety days before your effective date of insurance.
- ?? **Qualifying Disability Period** | The greater of 120 days or the end of the benefit period provided under the Short Term Disability Income benefit.
- ?? **Recurrent Disability** | If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Disability Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer.
| If new disability is due to unrelated causes you may be eligible for a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.
- ?? **Reductions and Integration of Benefits** | The monthly income payable under this benefit will be reduced by any disability or retirement benefit which is payable or which would have been payable had you made satisfactory application under:
 - The Canada/Quebec Pension Plans
 - A Workplace Safety Insurance Board (WSIB) act or equivalent provincial act.
 - A provincial auto insurance law.

LONG TERM DISABILITY (LTD) DETAILS

- Any other government plan.

LONG TERM DISABILITY (LTD) DETAILS

- ‡ The amount of disability income is reduced so that the sum of all income, compensation, indemnity and benefits for which you would be eligible on account of disability, from your employer, a government body, or under any group insurance or pension plan in which your employer contributes, may not exceed 85% of your net monthly income determined at the onset of disability.
- ?? **Rehabilitative Employment** ‡ If you are disabled, the Insurer may recommend that you undergo some suitable rehabilitative training program which would take into account the nature and limitations of your disability.
- ?? **Subrogation** ‡ In the event of any payment under this coverage, the Insurer shall be subrogated to all of your rights of recovery therefore against any person or organization and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. You shall do nothing to prejudice such rights.
- ?? **Survivor Benefit** ‡ Upon your death, the payments will continue for a total of three monthly payments, without exceeding your sixty-fifth birthday, had you been living, payable to your spouse, if living or to your children, if living.
- ?? **Total Disability** ‡ You are considered totally disabled, during the first 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.
- ?? **Waiver of Premium** ‡ If receiving Long Term Disability benefits, Maritime Life will waive the payment of premiums beginning with the premium for the first full policy month for which benefits became payable and continuing for each full policy month for which benefits are payable.
- ?? **Exclusions** ‡
 - ‡ Injury or illness resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot.
 - ‡ Self-inflicted injury, while sane or insane.
 - ‡ Flight or attempted flight on board a plane or other aircraft if you are part of the crew or perform any function relating to the flight, or participate in the flight as a parachutist.
 - ‡ Injury or illness resulting from committing, attempting to commit, or provoking an assault or criminal offense.
- ?? **Termination of Benefit** ‡ Age 65 or earlier retirement.

EMPLOYEE LIFE INSURANCE

This Term Life Insurance plan helps provide financial support for your family following your death. **My Choice** offers the following coverage.

	COVERAGE
Option 1	2 x Annual Salary
Option 2	3 x Annual Salary
Option 3	5 x Annual Salary
Option 4	7 x Annual Salary

Making Choices:	Choose the Life Insurance coverage you want. <u>You must choose one of the four Options.</u>
Tax Facts:	When Flex Dollars are used to pay for all or any part of Life Insurance these dollars are considered a taxable benefit. If you use payroll deduction to pay for your Life Insurance you are using after-tax dollars which may be taxed at a lower rate, while saving your tax-free Flex Dollar Allowance to buy other benefits.
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination. Beneficiary

EMPLOYEE LIFE INSURANCE DETAILS

The following is a further description of some of the specific elements of your Life Insurance plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

- ?? Beneficiary** : You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

- ?? Conversion Privilege** : If your employment terminates on or prior to your sixty-fifth birthday, you may, within thirty-one days of such termination, convert all or part of your insurance coverage, with the exception of waiver of premiums, into an individual life insurance contract, for an amount not exceeding your amount of coverage under the group policy, without having to provide evidence of insurability.
: However, the amount of insurance to be converted may not exceed the lesser of a) two hundred thousand dollars and b) the difference between the amount of insurance in force on your life under this group insurance plan and the amount of insurance provided by any other group insurance contract for which you are eligible at the time of exercising your conversion privilege.

- ?? Evidence of Insurability** : This form is required on amounts exceeding \$700,000 on your initial enrollment and increased amounts on subsequent re-enrollments.

- ?? Life Options** : Rates are based on a combination of a blended rate negotiated by the Company and your age, sex and whether you are a smoker or non-smoker. A non-smoker is defined as one who has totally abstained from smoking any form of tobacco or cannabis for a one-year period immediately preceding the date of non-smoker status.
: Misstatement of non-smoker status constitutes fraud. No benefit is payable if you commit fraud, regardless of the cause of death.

- ?? Maximum Benefit** : The maximum coverage amount is \$1,000,000.

- ?? Waiver of Premium** : If you become totally disabled for at least 6 consecutive months before attaining age 65, Maritime Life will waive the payment of your life insurance premiums.
: Waiver of premium terminates at age 65 or you are no longer totally disabled.

- ?? Termination of Benefit** : Coverage terminates at age 65 or earlier retirement.

SPOUSAL LIFE INSURANCE

Spousal Life Insurance provides coverage in case of your spouse's death. **My Choice** offers the following coverage.

	COVERAGE
Option 1	No Coverage
Option 2	\$10,000
Option 3	\$20,000
Option 4	\$50,000
Option 5	\$100,000
Option 6	\$150,000

Making Choices:	First decide if you want Spousal Life Insurance coverage.
Tax Facts:	When Flex Dollars are used to pay for all or any part of Spousal Life Insurance it is considered a taxable benefit. If you use payroll deduction to pay for your Spousal Life Insurance you are using after-tax dollars which may be taxed at a lower rate, while saving your Flex Dollar Allowance to buy other benefits.
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3, 4, 5 or 6. Payment Method: Flex Dollars, payroll deduction or combination. Beneficiary

SPOUSAL LIFE INSURANCE DETAILS

The following is a further description of some of the specific elements of your Spousal Life Insurance plan.

- ?? **Beneficiary** | In the event of the death of your spouse the amount of Spousal Life Insurance is payable to you.
- ?? **Waiver of Premium** | If you become eligible for Waiver of Premium under the Life Insurance benefit your premium for Spousal Life insurance will also be waived. The amount of Spousal Life insurance for which premiums will be waived will be the amount in force on your date of disability.
| Waiver of premium terminates at age 65 or earlier retirement.
- ?? **Evidence of Insurability** | Required on all amounts of coverage on initial enrollment and any increased amount on subsequent re-enrollments.
- ?? **Termination of Benefit** | The date your spouse attains age 65 or earlier retirement.

CHILD LIFE INSURANCE

Child Life Insurance provides coverage in case of your dependent child or children's death. **My Choice** offers the following coverage.

	COVERAGE
Option 1	No Coverage
Option 2	\$5,000
Option 3	\$10,000
Option 4	\$20,000

Making Choices:	First decide if you want Child Life Insurance coverage.
Tax Facts:	When Flex Dollars are used to pay for all or any part of Child Life Insurance it is considered a taxable benefit. If you use payroll deduction to pay for your Child Life Insurance you are using after-tax dollars which may be taxed at a lower rate, while saving your Flex Dollar Allowance to buy other benefits.
Coverage Level:	Choose the coverage level from the drop down box by selection Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination. Beneficiary

CHILD LIFE INSURANCE DETAILS

The following is a further description of some of the specific elements of your Child Life Insurance plan.

- ?? **Beneficiary** : In the event of the death of your dependent child or children the amount of Child Life Insurance is payable to you.
- ?? **Waiver of Premium** : If you become eligible for Waiver of Premium under the Life Insurance benefit your premium for Child Life insurance will also be waived. The amount of Child Life insurance for which premiums will be waived will be the amount in force on your date of disability.
 - : Waiver of premium terminates at age 65 or earlier retirement.
- ?? **Evidence of Insurability** : This is not required for this benefit.
- ?? **Termination of Benefit** : The date you attain age 65 or earlier retirement, or the child attains the limiting age for coverage as explained in Definition of Terms, whichever is earlier.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

AD&D provides you or your beneficiary with financial support if you die as a result of an accident or suffer an insured accidental injury.

	COVERAGE
Option 1	2 x Annual Salary
Option 2	3 x Annual Salary
Option 3	5 x Annual Salary
Option 4	7 x Annual Salary

<p>Making Choices:</p>	<p>Choose the AD&D coverage you want. <u>You must choose one of the four Options.</u> If family you must take family coverage and if single you must take single. Family coverage provides the following benefits for your dependents:</p> <ul style="list-style-type: none"> ⋮ Spouse (no children): 60% of employee's elected amount ⋮ Spouse (with children): 50% of employee's elected amount ⋮ Each Child (no spouse): 20% of employee's elected amount ⋮ Each Child (with spouse): 15% of employee's elected amount
<p>Tax Facts:</p>	<p>This coverage is a non-taxable benefit (Except in Quebec).</p>
<p>Coverage Level:</p>	<p>Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination. Beneficiary</p>

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

Schedule of Losses:

If injury results in any of the following losses, within 365 days of the date of the accident, ACE INA Insurance will pay the benefit specified.

For Loss of:

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

For Loss of Use of:

Both Arms or Both Hands	The Principal Sum
One Arm or One Leg	Three-Quarters of the Principal Sum
One Hand	Two-Thirds of the Principal Sum

Paralysis Benefit

Quadriplegia (all four limbs)	200% of the Principal Sum
Paraplegia (both lower limbs)	200% of the Principal Sum
Hemiplegia (one arm and one leg on the same side of the body)	200% of the Principal Sum

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- ?? Maximum Benefit** : Your maximum coverage is \$1,500,000.
: If you have family coverage the maximum amount of coverage for spouse is \$350,000 and each child is \$50,000.
- ?? Loss** : With reference to hand or foot, means the actual severance through or above the wrist or ankle joint; with respect to arm or leg, 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 thumb and index finger, actual severance through or above the first phalange; with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; with regards to toes, actual severance of both phalanges of all toes of the same foot.
: Loss of Use of – must be total, irrecoverable and be continuous for 12 months after which the benefit is payable, provided the nerve damage is determined to be permanent.
- ?? Rehabilitation Benefit** : If injury caused by an insured accident requires you to 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, ACE INA will pay the reasonable and necessary expense incurred for such training within two years of the date of the accident. Maximum benefit of \$15,000 as the result of any one accident.
: Payment shall not be made for ordinary living, travelling or clothing expenses.
- ?? Repatriation Benefit** : When injuries covered by this policy result in loss of life outside 150 km of your city of principal residence, ACE INA will pay for the preparation and transportation of your body back to your principal residence.
: Maximum benefit - \$15,000.
- ?? Spousal Occupational Training Benefit** : When payment is made under the Loss of Life benefit, ACE INA will pay in addition:
- the expense actually incurred by your spouse within 365 days from the date of the accident, for a formal occupational training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications.
: Maximum benefit - \$15,000
- ?? Seat Belt Benefit** : If, due to a vehicular accident, injury results in a loss payable (as outlined in the schedule of benefits), the Principal Sum will be increased by 10% if, at the time of the accident, the Insured Person was driving or riding in a vehicle and wearing a properly fastened seat belt.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

?? Special Education Benefit

- | For those who elect family coverage, if injury results in loss of life, ACE INA will pay, in addition to all other benefits payable, a "special education benefit" equal to 5% of your Principal Sum amount, (to a maximum of \$5,000), on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.
- | This 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

?? Family Transportation Benefit

- | When injuries covered by this policy result in confinement as an in-patient in a hospital outside 150 km from the city of permanent residence or outside of Canada and requires personal attendance of a member of the immediate family, ACE INA will pay for the expense incurred for the transportation by the most direct route by a licensed common carrier to the confined person.
- | Maximum of \$15,000 for any one accident.
- | "Member of the Immediate Family" means the spouse, legal or common-law, parents, grandparents, children over age 18, brother or sister.
- | Must be recommended by the attending physician, in writing.

?? Home Alteration and Vehicle Modification

- | If injury results in a loss as listed in the schedule of benefits (other than life) and subsequently requires the use of a wheelchair to be ambulatory, ACE INA will pay the reasonable and necessary expense actually incurred within 365 days from the date of the accident for:
 - the one-time cost of alterations to your principal residence to make it wheelchair accessible and habitable; and
 - the one-time cost of modifications necessary to a motor vehicle utilized by the insured person to make it accessible or driveable.
- | Benefit payments will not be paid unless:
 - home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
 - vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.
- | The combined maximum will not exceed \$15,000.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- ?? Day-Care Benefit** :
- If loss of life occurs as a result of an accident ACE INA will pay, in addition to all other benefits a “Day Care Benefit” equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your Principal Sum amount or a maximum of \$5,000 per year, on behalf of any dependent child who is enrolled in a legally licensed Day Care centre on the date of the accident or who enrolls in a Day Care centre within 365 days following the date of the accident. This benefit will be paid each year for four consecutive years with satisfactory proof of enrollment.
 - Dependent child means either a legitimate or illegitimate child, adopted child, step-child or any child who is in a parent-child relationship who is unmarried, twelve years of age and under and dependent upon you for maintenance and support.
- ?? Continuation of Coverage** :
- If laid-off on a temporary basis, temporarily absent from work due to short-term disability, on leave of absence or on maternity leave coverage will be extended for twelve months with payment of premium.
 - If other occupational duties during the leave or lay-off period are performed, no benefits will be payable for a loss occurring during the performance of the occupation.
- ?? Waiver of Premium** :
- If totally disabled and under 65 years of age ACE INA will waive the payment of premium until the age of 65 with annual proof of total disability.
 - “Total Disability” resulting from accident or sickness means:
 - a disability which prevents engagement in any business or occupation and performance in any work for compensation or profit; and
 - has existed continuously for a period of at least twelve months or is in accordance with the waiver of premium requirements under the Group Life policy.
- ?? Conversion Privilege** :
- On the date of termination or during the 31-day period following termination of employment you may convert your insurance to an individual policy of ACE INA without evidence of insurability. The individual policy will be effective either as of the date the application is received or on the date that coverage under the group policy ceased (whichever is later).
 - The amount converted will not exceed the amount issued during employment.
- ?? Exclusions** :
- The policy does not cover loss caused by or resulting from any one or more of the following:
 - intentionally self-inflicted injuries, suicide or any attempt at suicide;
 - declared or undeclared war or act;
 - accident occurring while serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by ACE INA pro-rata for any such period of full-time active duty);

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

- travel or flight in any vehicle or device for 1) navigation beyond the earth's atmosphere, or 2) aerial navigation (including hang-gliding and parachuting except for self-preservation).
- ?? **Reduction and Termination of Benefit** : The benefit terminates at age 65 or earlier retirement.
- ?? **Beneficiary** : You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

EMPLOYEE CRITICAL ILLNESS (C.I.)

This benefit was developed to alleviate some of the stress and financial burden resulting from a critical illness. Disability Insurance provides income protection but does not adequately provide assistance for expenses such as convalescence, lifestyle changes, home modifications, home care, dependent care and medical expenses not covered by a group plan or by the government. If you suffer a **heart attack, cancer, stroke, kidney failure, coronary artery surgery, blindness, paralysis, major organ transplant or multiple sclerosis** the Critical Illness plan will pay you a lump sum equivalent to your Option choice. **My Choice** offers the following benefits.

	COVERAGE
Option 1	\$5,000
Option 2	\$15,000
Option 3	\$30,000
Option 4	\$55,000

Making Choices:	Choose the amount of C.I. coverage you want. You must choose one of the four Options.
Tax Facts:	This coverage is a non-taxable benefit (Except in Quebec).
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3 or 4. Payment Method: Flex Dollars, payroll deduction or combination.

EMPLOYEE CRITICAL ILLNESS DETAILS

The following is a further description of some of the specific elements of your Critical Illness plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

- ?? **Evidence of Insurability** : Medical evidence of good health is not required for this benefit. Please refer to “Pre-Existing Condition” description below.
- ?? **Definition of Coverages** :
 - Blindness: Means the total and irrecoverable loss of sight in both eyes due to injury or sickness. The diagnosis must be clinically confirmed in writing by a physician certified in Ophthalmology.
 - Cancer: Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue confirmed in writing by a physician certified in Oncology. This includes leukemia, Hodgkins Disease and invasive melanoma but does not include any other skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers. Cancer does not include melanoma that is not invasive and had not exceeded .75 millimeters in depth.
 - Coronary Artery Surgery: Means open heart surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of two or more coronary arteries but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other non-surgical techniques.
 - Heart Attack: Means the death of a portion of heart muscle as a result of inadequate blood supply, which must occur with chest pain and indicate at least a 15% reduction in the normal volume of blood being ejected from the left ventricle with each heart beat, new electrocardiographic changes and an elevation in cardiac enzyme levels and which must be confirmed in writing by a physician who is a certified cardiologist.
 - Kidney Failure: Means end stage renal disease due to chronic irreversible failure of both kidneys to function requiring the insured person to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation and confirmed in writing by a physician who is certified in Nephrology.
 - Major Organ Transplant: Means being the recipient of a transplanted heart, heart and lung, pancreas or bone marrow performed by a physician who is certified to conduct any such 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.

EMPLOYEE CRITICAL ILLNESS DETAILS

- Paralysis: Means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness confirmed in writing by a physician certified as a neurologist 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 Insurance to be permanent.
- Stroke: Means any cerebrovascular incident, excluding transient ischemic attack, producing neurological sequelae lasting more than twenty-four hours and including infarction of brain tissue, hemorrhage from an intracranial vessel and embolization caused by an extracranial source. There must be evidence of permanent neurological deficit confirmed in writing by a physician who is certified as a neurologist.
- ?? Payment Terms**
 - Subject to the Pre-Existing condition described below, ACE INA will pay the insured benefit amount if:
 - you suffer a Heart Attack, Stroke, Kidney Failure, Multiple Sclerosis or undergo Coronary Artery Surgery or are the recipient of a Major Organ Transplant or go blind and **survive a period of 30 days**, or;
 - suffer Paralysis and survive a period of 365 days, or;
 - after the coverage has been in effect for 90 days, are diagnosed with Cancer and survive a further period of 30 days.
- ?? Benefit Payment**
 - There is no restriction on the use of the benefit, you can use it in anyway that will meet your particular needs.
 - If you suffer or undergo more than one of the specified coverages, the benefit amount will only be paid once.
- ?? Pre-Existing Condition**
 - Applies only to Option 2, 3 and 4; does not apply to Option 1. A pre-existing medical condition means a sickness or injury for which you sought or received medical advice, consultation, investigation, diagnosis, or for which treatment was required or recommended by a licensed medical practitioner during the 24 months immediately prior to the effective date of your insurance or prior to any increase in the amount of insurance and which directly or indirectly causes the condition to occur within the first 24 months from the date of insurance or from any increase in the amount of insurance.
- ?? Totally Disabled**
 - You are considered totally disabled, during the first 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.
- ?? Waiver of Premium**
 - If you are totally disabled and sufficient evidence is provided annually to ACE INA Insurance, premium payments will be waived up to age 65.

EMPLOYEE CRITICAL ILLNESS DETAILS

- ?? Continuation of Coverage** | If you are laid-off on a temporary basis, temporarily absent from work due to short-term disability, on leave of absence, on maternity or parental leave, coverage shall be extended for a period of 12 months following the beginning of any such event with the continuation of premium payment. If you assume other occupational duties during the leave or lay-off period, no benefits will be payable for a condition suffered or occurring during the performance of such other occupation.
- ?? Exclusions** | Causes directly or indirectly by or resulting from intentionally self-inflicted injury, suicide or any attempt 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,
| skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers; 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 the court, would be an illegal act under the laws of the jurisdiction where the act was committed
- ?? Termination of Benefit** | The benefit terminates at the earlier of retirement or age 65.

SPOUSAL CRITICAL ILLNESS

The following is a further description of some of the specific elements of the Spousal Critical Illness plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

	COVERAGE
Option 1	No Coverage
Option 2	\$5,000
Option 3	\$10,000
Option 4	\$25,000
Option 5	\$50,000

Making Choices:	First decide if you want Spousal Critical Illness.
Tax Facts:	This coverage is a non-taxable benefit (Except in Quebec).
Coverage Level:	Choose the coverage level from the drop down box by selecting Option 1, 2, 3, 4 or 5. Payment Method: Flex Dollars, payroll deduction or combination.

SPOUSAL CRITICAL ILLNESS DETAILS

The following is a further description of some of the specific elements of the Spousal Critical Illness plan. If you have further questions about the coverages offered under each option contact your Human Resources department.

- ?? **Evidence of Insurability** : Medical evidence of good health is not required for this benefit. Please refer to "Pre-Existing Condition" description below.
- ?? **Definition of Coverages** :
 - Blindness: Means the total and irrecoverable loss of sight in both eyes due to injury or sickness. The diagnosis must be clinically confirmed in writing by a physician certified in Ophthalmology.
 - Cancer: Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue confirmed in writing by a physician certified in Oncology. This includes leukemia, Hodgkins Disease and invasive melanoma but does not include any other skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers. Cancer does not include melanoma that is not invasive and had not exceeded .75 millimeters in depth.
 - Coronary Artery Surgery: Means open heart surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of two or more coronary arteries but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other non-surgical techniques.
 - Heart Attack: Means the death of a portion of heart muscle as a result of inadequate blood supply, which must occur with chest pain and indicate at least a 15% reduction in the normal volume of blood being ejected from the left ventricle with each heart beat, new electrocardiographic changes and an elevation in cardiac enzyme levels and which must be confirmed in writing by a physician who is a certified cardiologist.
 - Kidney Failure: Means end stage renal disease due to chronic irreversible failure of both kidneys to function requiring the insured person to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation and confirmed in writing by a physician who is certified in Nephrology.
 - Major Organ Transplant: Means being the recipient of a transplanted heart, heart and lung, pancreas or bone marrow performed by a physician who is certified to conduct any such 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.

SPOUSAL CRITICAL ILLNESS DETAILS

- Paralysis: Means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness confirmed in writing by a physician certified as a neurologist 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 Insurance to be permanent.
- Stroke: Means any cerebrovascular incident, excluding transient ischemic attack, producing neurological sequelae lasting more than twenty-four hours and including infarction of brain tissue, hemorrhage from an intracranial vessel and embolization caused by an extracranial source. There must be evidence of permanent neurological deficit confirmed in writing by a physician who is certified as a neurologist.
- ?? Payment Terms**
- Subject to the Pre-Existing condition described below, ACE INA will pay the insured benefit amount if:
- you suffer a Heart Attack, Stroke, Kidney Failure, Multiple Sclerosis or undergo Coronary Artery Surgery or are the recipient of a Major Organ Transplant or go blind and **survive a period of 30 days**, or;
 - suffer Paralysis and survive a period of 365 days, or;
 - after the coverage has been in effect for 90 days, are diagnosed with Cancer and survive a further period of 30 days.
- ?? Benefit Payment**
- There is no restriction on the use of the benefit, you can use it in anyway that will meet your particular needs.
- If you suffer or undergo more than one of the specified coverages, the benefit amount will only be paid once.
- ?? Pre-Existing Condition**
- Applies to all Options. A pre-existing medical condition means a sickness or injury for which you sought or received medical advice, consultation, investigation, diagnosis, or for which treatment was required or recommended by a licensed medical practitioner during the 24 months immediately prior to the effective date of your insurance or prior to any increase in the amount of insurance and which directly or indirectly causes the condition to occur within the first 24 months from the date of insurance or from any increase in the amount of insurance.
- ?? Totally Disabled**
- You are considered totally disabled, during the first 24 months in which you receive benefits, if you are unable to perform any and every duty of your occupation. After this period you are considered totally disabled if you are unable to perform any and every duty of any occupation for which you are reasonably qualified by training, education or experience.
- ?? Waiver of Premium**
- If you are totally disabled and sufficient evidence is provided annually to ACE INA Insurance, premium payments will be waived up to age 65.

SPOUSAL CRITICAL ILLNESS DETAILS

- ?? Continuation of Coverage** | If you are laid-off on a temporary basis, temporarily absent from work due to short-term disability, on leave of absence, on maternity or parental leave, coverage shall be extended for a period of 12 months following the beginning of any such event with the continuation of premium payment. If you assume other occupational duties during the leave or lay-off period, no benefits will be payable for a condition suffered or occurring during the performance of such other occupation.
- ?? Exclusions** | Causes directly or indirectly by or resulting from intentionally self-inflicted injury, suicide or any attempt 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,
| skin cancer that is not malignant, nor carcinoma in situ, Kaposi's Sarcoma and AIDS related cancers; 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 the court, would be an illegal act under the laws of the jurisdiction where the act was committed
- ?? Termination of Benefit** | The benefit terminates at the earlier of your age 65 or retirement or your spouse's age 65.

ASSIGNMENT OF UNUSED FLEX DOLLARS

After selecting your benefits you will have the opportunity to choose where to assign any unused Flex Dollars. If the Flex Dollar Allowance is greater than the total Flex Dollars that will be used for premiums you can apply the unused dollars to a personal Health Services Spending Account, Group RRSP, reduce your payroll deduction or a combination.

If you choose to reduce your payroll deductions the benefits will be calculated automatically depending on the amount chosen.

The Health Services Spending Account can be used for the following expenses:

Dental or medical expenses that Canada Customs and Revenue Agency (CCRA) considers eligible for a medical expense credit under a person's income tax return.

For example:

- ?? drugs and medication which are normally covered under their regular plan (as well as other drugs not included in their regular plan) so long as they are prescribed by a doctor and dispensed by a pharmacist.
- ?? dental care expenses normally covered under their regular plan as well as other expenses such as crowns, bridgework and orthodontics. No age limits or frequency limits apply! (dental expenses must have procedure codes in the respective Provincial Fee Guides).
- ?? professional fees for medical practitioners such as an acupuncturist, chiropractor or naturopath
- ?? eye exams, eyeglasses, contact lenses, and hearing aids
- ?? private hospital accommodation
- ?? medical devices and supplies
- ?? psychiatric or psychological counselling
- ?? nursing home care
- ?? out-of-country health care resulting from an emergency while travelling or from a physician's referral
- ?? nutritional counselling

They can also pay for:

- ?? medical expenses for a financially dependent family member such as a parent, brother or sister, even though he or she may not be covered under the regular group plan (so long as that person is claimed as a dependent on your income tax return), or
- ?? your spouse's premium contribution to his/her group plan or premium for individual travel health insurance.

NOTE: CCRA requires that Spending Accounts be used for the purpose for which they were intended - to pay for eligible medical expenses. Unused account balances cannot be withdrawn

ASSIGNMENT OF UNUSED FLEX DOLLARS

in cash or used for other purposes and must be used within 12 months of becoming vested.

SUBMITTING CLAIMS

When You Have A Claim

When you have a claim you should contact your Human Resources department who will supply you with the proper forms with instructions for completion.

In order to quickly process your claim, all claim forms should clearly indicate the following:

- your full name and address
- the name of your Employer
- your certificate number

Maritime Life Assurance Company

Toll Free Number Across Canada: 1-800-667-5165

Calgary Claims Office:

Calgary area, call: (403) 750-7320

Vancouver Claims Office:

Vancouver area, call: (604) 689-1429

Toronto Claims Office:

Toronto area, call: (416) 322-4747

Montreal Claims Office:

All of Quebec, call: (514) 288-4300

Halifax Claims Office:

Halifax area, call: (902) 453-4300

Time Limitations

A claim for disability income benefits must be submitted within 6 months of the end of the qualifying disability period.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

Claims for other benefits must be submitted within 12 months of the date incurred.

In the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

Accidental Death and Dismemberment (policy #OKE 10 21 77) and Critical Illness (policy #CIP 10 21 77) is underwritten by ACE INA Insurance. All other benefits are underwritten and administered by Maritime Life under policy #961498 and 961499.

This information outlines the benefits of your group insurance plan but does not create or confer any contractual rights. In case of dispute, the group insurance policy issued to your employer remains the only binding document, in accordance with the provisions prescribed by law.