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PLAN OVERVIEW

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.

The Mandatory and Optional Plans offer you the following coverage.

BENEFIT	BRONZE	SILVER	GOLD
Medical			
Hospital	70% (semi-private)	80% (semi-private)	90% (private)
Hearing Aids	Not covered	100%	100%
Drugs	70% - generic with card 100% - $6 dispensing fee limit	80% - generic with card 100% - $6 dispensing fee limit	90% - generic with card 100% - $10 dispensing fee limit
Paramedical Services	Not Covered	100% - $300 max./plan year	100% - $500 max./plan year
Out-of-Province & Country Medical Emergency	100%	100%	100%
Emergency Global Medical Assistance (GMA)	Unlimited	Unlimited	Unlimited
Out-of-Pocket Maximum	N/A	N/A	$1,000 (then 100% for all benefits)
Dental	(Current Fee Schedule)	(Current Fee Schedule)	(Current Fee Schedule)
Preventative / Diagnostic	100%	100%	100%
Dental Accident	100% Combined max.	100% Combined max.	100% Combined max.
Basic	80% $1,500/year	80% $2,000/year	80% $2,000/year
Periodontic	80% per insured	80% per insured	80% per insured
Endodontic	80%	80%	80%
Major Restorative	Not Covered	50%	50%
Orthodontics	Not Covered	Not Covered	50% $2,000/lifetime max.
Vision Care	$150/24 months One eye exam/2 years (per year if dependent child under age 18)	$350/24 months One eye exam/2 years (per year if dependent child under age 18)	$500/24 months One eye exam/2 years (per year if dependent child under age 18)

Note: You must have other Medical and Dental insurance (i.e. through spouse's benefits plan) in order to Waive coverage.

Plan overview continued on next page.

PLAN OVERVIEW

BENEFIT	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	OPTION 6
Short Term Disability (STD)	66 2/3% of weekly salary Maximum - $2,500/wk. 0/7 waiting period 17 week benefit period					
Long Term Disability (LTD)	50% of monthly earnings To age 65 benefit period	66 2/3 of first $2,250 of monthly earnings plus 50% of remainder To age 65 benefit period	66 2/3 of first $2,250 of monthly earnings plus 50% of remainder COLA – CPI to 3% Max. To age 65 benefit period			
Associate 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 Associate Only or Family	3 x Annual Salary Associate Only or Family	5 x Annual Salary Associate Only or Family	7 x Annual Salary Associate Only or Family		
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 medical, dental or vision 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 25 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 you (the Associate) 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.
- **Life Event**
  - A Life Event is the term used to define a major event in a person's life that may impact personal circumstances enough to warrant a benefits change in the middle of a Benefit Year. For example, the birth of a child. In the case of an eligible life event, you will have the opportunity to change your coverage choices before the next scheduled open enrollment period. You have 31 days from the date of the qualifying Life Event to change your coverage choices. Contact Human Resources to advise that you need to make a change. Eligible Life Events include:
    - Marriage or any other formal union recognized by law or common-law
    - Birth or adoption of a child

- Divorce or legal separation
- Loss of a spouse's benefit coverage (proof is required)
- Death of a dependent (spouse and/or children)
- Loss/gain of a dependent child because of age

- **'Waive' Benefit Coverage** — If you have coverage under your spouse's plan you may waive the Medical and Dental benefits. If you subsequently lose that coverage then you can come into the 'My Choice' options within 31 days (for an eligible Life Event) and choose any option.
- **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 Associates.

PLAN OVERVIEW

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 $650,000 and LTD insurance over $12,000 on your initial enrollment and to increase coverage on subsequent re-enrollments. Evidence is required on all amounts of Spousal Life Insurance exceeding $20,000.
- 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 Medical coverage which included Vision Care. You must apply within 31 days after your spouse loses coverage or medical evidence will be required.
- Salary changes are not an 'Eligible Life Event' and will not cause a re-enrollment.
- For Medical, Dental and Vision Care on initial enrollment any Option can be selected; however, you must be covered under a spouse's plan to 'Waive' of Medical and Dental coverage.
- If you select 'Waive' for Medical or Dental coverage you will only be able to come into the plan at the lowest benefit option (Bronze).
- For Medical and Dental on subsequent re-enrollments you may only move up or down one level of coverage per year (i.e. if in Gold you must change to Silver for a year and then Bronze). You may only elect 'Waive' for Medical and Dental if you have coverage under a spouse's Medical and Dental plan.

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 coverage options:

	BENEFITS	CO-INSURANCE	MAXIMUM BENEFIT
Bronze	Out-of-Province (Country) Medical Emergency	100%	Unlimited
	Emergency Global Medical Assistance (GMA))	100%	Unlimited
	Semi-Private Hospital	70%	Unlimited
	Hearing Aids*	Not covered	Not covered
	Prescription Drugs (with drug card)	70% generic	Unlimited
	Dispensing Fee	100%	$6 limit
	Paramedical Services*	Not covered	
Silver	Out-of-Province (Country) Medical Emergency	100%	Unlimited
	Emergency Global Medical Assistance (GMA))	100%	Unlimited
	Semi-Private Hospital	80%	Unlimited
	Hearing Aids*	80%	$300/5 years
	Prescription Drugs (with drug card)	80% generic	Unlimited
	Dispensing Fee	100%	$6 limit
	Paramedical Services*	80%	$300/plan year
Gold	Out-of-Province (Country) Medical Emergency	100%	Unlimited
	Emergency Global Medical Assistance (GMA))	100%	Unlimited
	Private Hospital	90%	Unlimited
	Hearing Aids*	90%	$500/5 years
	Prescription Drugs (with drug card)	90% generic	Unlimited
	Dispensing Fee	100%	$10 limit
	Paramedical Services*	100%	$500/plan year
	After $1,000 Out-of-Pocket Maximum	100%	**

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

** Applies to benefits with no internal maximum or limits. Benefits with internal limits are excluded from Out-of-Pocket maximum.

MEDICAL PLAN DETAILS

The following is a further description of some of the specific elements of your medical plan.

- **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.
- **Hearing Aids**
  - Charges for the purchase of hearing aids (excluding batteries). Covered expenses, per insured person, are limited to the stated maximum for each consecutive 60 month period.
- **Preferred Accommodation in Canadian Hospitals**
  - In Canada – either semi-private or private coverage (depending on Option chosen) in a licensed Canadian hospital.
  - Outside Canada – semi-private.
- **Convalescent Hospital**
  - 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 physician and are required to correct a diagnosed physical impairment.
  - Limited to an overall maximum benefit of $500 per plan year.
- **Out-of-Province and Country Medical & Emergency Global Medical Assistance (GMA))**
  - Emergency care outside Canada is covered if it is required as a result of a medical emergency arising while the person is temporarily outside Canada for vacation, business, or education; and the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer.
  - Travel Assistance Services - provides on the spot help in case of emergency for covered Associates and family members travelling outside province of residence. Full details can be downloaded.
- **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 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 dispensing fee cap on drugs for each Medical Plan option; therefore any amount charged over the cap 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 $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 calendar year.

Paramedical Services

- Services, without written medical recommendation, of a Physiotherapist, Psychologist/ Social Worker, Chiropractor, Naturopath, Podiatrist/ Chiropodist and Speech Therapist to a maximum of $300 or $500 per plan year, per insured person.

  X-ray examinations made by a Chiropractor are limited to a maximum of four per policy year, at a maximum rate of $25 per examination.
- Services, with written medical recommendation, of an Osteopath and Massage Therapist 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.

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.

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.

DENTAL PLANS

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

	EXPENSES	CO-INSURANCE	MAXIMUM BENEFIT
Bronze Current Fee Schedule	Preventative / Diagnostic Dental Accident Basic Services Endodontic Periodontic Major Restorative Orthodontics	100% 100% 80% 80% 80% Not Covered Not Covered	Combined maximum of $1,500/plan year* " " " n/a n/a
Silver Current Fee Schedule	Preventative / Diagnostic Dental Accident Basic Services Endodontic Periodontic Major Restorative Orthodontics	100% 100% 80% 80% 80% 50% Not Covered	Combined maximum of $2,000/plan year* " " " " n/a
Gold Current Fee Schedule	Preventative / Diagnostic Dental Accident Basic Services Endodontic Periodontic Major Restorative Orthodontics (children only)	100% 100% 80% 80% 80% 50% 50%	Combined maximum of $2,000/plan year* " " " " $2,000/lifetime*

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

DENTAL PLAN DETAILS

The following is a further description of some of the specific elements of your dental plan.

- **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, Great-West Life reserves the right to determine eligible expenses on the basis of an alternate benefit. Great-West Life 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.
- **Diagnostic and Preventative Services**
  - Examinations and Diagnosis
    - oral examinations,
    - recall oral examinations are limited to once every 6 months,
    - emergency oral examination,
    - specific oral examination,
    - limited periodontal examinations twice a year,
    - radiographs,
    - tests and laboratory examinations,
    - topical fluoride,
    - oral hygiene instruction (initial instruction),
    - finishing restorations,
    - pit and fissure sealant,
    - space maintainers,
    - periodontal appliances
- **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.
- **Basic Services (including Endodontic and Periodontic Services)**
  - **Basic Restorative**
    - amalgam restorations,
    - acrylic or composite resin restorations,
    - recement inlay or crown,
    - removal of inlay or crown,
    - oral surgery,
    - anesthesia (only in relation to surgery).
  - **Endodontic** - conservative root canal therapy.
  - **Periodontic** - scaling/root planing (combined limit of twelve units per plan year), periodontal splinting, and surgical services.
  - **Dentures** - adjustments, repairs, relining and rebasing

DENTAL PLAN DETAILS

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 Great-West 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.

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 medical insurance benefit, if such benefit is part of this plan, or under any other group insurance contract.

DENTAL PLAN DETAILS

- 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. **My Choice** offers the following coverage options:

	MAXIMUM BENEFIT
Bronze	$150/24 months
Silver	$350/24 months
Gold	$500/24 months
Opt Out *	No Coverage

* You may opt out of Vision Care regardless of whether or not you have spousal coverage.

The following is a further description of some of the specific elements of your Vision Care plan.

- **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.
- **Eye Exams**
  - One examination up to a Great-West Life's reasonable and customary limits in each consecutive 24 month period (12 months for dependents under 18 years old).
- **Termination of Benefit**
  - Age 70 or earlier retirement.

SHORT TERM DISABILITY (STD) INSURANCE

If you are disabled due to sickness or injury, Short Term Disability provides you with an income while you are away from work. You are automatically covered and this is a company paid benefit.

	COVERAGE
Option 1	66 2/3% of weekly earnings Benefit period - 17 weeks Benefits begin on - 1st day for accident - 8th day for sickness Maximum benefit - $2,500/week

- The total benefit includes other income which includes any salary replacement or retirement benefit which is payable or which would have been payable had you made satisfactory application under a provincial auto insurance law, CPP/QPP Pension Plans or under any government plan recognized by Human Resources Development Canada other than any Workmen's/Workers' Compensation Act or similar law.

SHORT TERM DISABILITY (STD) INSURANCE DETAILS

The following is a further description of some of the specific elements of your STD plan.

- **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**
  - Disability is assessed on the basis of the duties you regularly performed for the employer before disability started. You are considered disabled if, because of disease or injury, there is no combination of duties you can perform that regularly took at least 60% of your time at work to complete. If disease or injury prevents you from performing a duty, it will also be considered to prevent you from performing:

    1. others that are performed only in order to complete that duty; and
    2. others that can only be performed after that duty is completed.
- **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 Great-West 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, Great-West Life 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 Great-West Life. You shall execute such documents as required by Great-West Life.

    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 Great-West Life'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.

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. **My Choice** offers the following coverage options:

	COVERAGE
Option 1	50% of monthly earnings Maximum benefit - $16,000/month Non-Evidence Maximum (NEM) - $12,000/month Benefit Period – to age 65
Option 2	66 2/3% of first $2,250 of monthly earnings plus 50% of the remainder Maximum benefit - $16,000/month Non-Evidence Maximum (NEM) - $12,000/month Benefit Period - to age 65
Option 3	66 2/3% of first $2,250 of monthly earnings plus 50% of the remainder COLA (cost of living) to age 65 (3% maximum) Maximum benefit - $16,000/month Non-Evidence Maximum (NEM) - $12,000/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.

LONG TERM DISABILITY (LTD) DETAILS

The following is a further description of some of the specific elements of your LTD plan.

Evidence of Insurability	■ Medical evidence will be required on insurance over $12,000 and to increase LTD coverage on subsequent re-enrollments.
Indexation (Option 3 only)	■ 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.
Maximum Disability Period	■ 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 17 weeks 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. - Any other government plan. ■ 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.

LONG TERM DISABILITY (LTD) DETAILS

Total Disability

- During the initial assessment period, disability is assessed on the basis of the duties you regularly performed for the employer before disability started. The initial assessment period is the waiting period plus the next 24 months of disability. During this time you are considered disabled if, because of disease or injury, there is no combination of duties you can perform that regularly took at least 60% of your time at work to complete.
- If disease or injury prevents you from performing a duty, it will also be considered to prevent you from performing:
  1. others that are performed only in order to complete that duty; and
  2. others that can only be performed after that duty is completed.
- After the initial assessment period, you are considered disabled if disease or injury prevents you from being gainfully employed. Gainful employment means work:
  1. you are medically able to perform;
  2. for which you have at least the minimum qualifications;
  3. that provides income of at least 50% of your monthly earnings; and
  4. that exists either in the province or territory where you worked when you became disabled or where you currently live.
- The availability of work will not be considered in assessing disability.

Waiver of Premium

- If receiving Long Term Disability benefits, Great-West 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.

ASSOCIATE LIFE INSURANCE AND DETAILS

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

	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

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

- **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 $650,000 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**
  - Great-West Life will waive the payment of your life insurance premiums if you qualify according to the description of 'Total Disability' on page 18 of the Long Term Disability Details.
  - 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 AND DETAILS

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

	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

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

- **Beneficiary**
  - You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.
- **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**
  - This form is required on all amounts of coverage in excess of $20,000.
- **Termination of Benefit**
  - The benefit terminates at the earlier of your age 65 or retirement or your spouse's age 65.

CHILD LIFE INSURANCE AND DETAILS

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

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

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

- **Beneficiary**
  - You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.
- **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. **My Choice** offers the following coverage options:

	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

Each of the above AD&D options is available as "Associate Only" or "Family" coverage. With "Family" coverage, the Spouse and Child insured amounts will be as follows:

- Spouse (no Children): 60% of Associate insured amount
- Spouse (with Children): 50% of Associate insured amount
- Each Child (no Spouse): 20% of Associate insured amount
- Each Child (with Spouse): 15% of Associate insured amount

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
Brain Death	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, Both Hands, Both Legs or Both Feet	Two Times 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" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.
  - 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.
- **Brain Death**
  - Means the irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.
- **Surgical Reattachment Provision**
  - If an insured Person suffers complete severance of a hand, foot, arm or leg as described under the Schedule of Losses, then the Company will pay the amount specified under the Accidental Death and Dismemberment Loss Schedule, even if the affected (severed) limb is surgically reattached whether successful or not.
- **Rehabilitation Benefit**
  - If injury caused by an insured accident requires you to undergo special training in order to be qualified to engage in an 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 or outside of Canada, 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 losses), 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.

Special Education Benefit

- 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 the 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 losses (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 maximum payable under both items 1 and 2 shall be the expense actually incurred up to the greater of $15,000 or 10% of the Insured Persons Principal Sum amount to a maximum of $50,000.

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 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.
- **Identification Benefit**
  - In the event accidental Loss of Life is sustained by the Insured Person not less than one hundred and fifty (150) kilometres from the Insured Person's normal place of residence and identification of the body by a member of the immediate family has been requested by the police or similar governmental authority, ACE INA will reimburse the reasonable expenses actually incurred by such member for:
    a) Transportation by the most direct route to the city or town where the body is located; and
    b) Hotel accommodation in such city or town, subject to a maximum duration of three (3) days.
  - The reimbursement of such expenses incurred is subject to the accidental loss of life indemnity being subsequently payable in accordance with the terms of this policy following the identification of the body as the Insured Person. The maximum amount payable will not exceed $15,000 for all such expenses.
  - Payment will not be made for board or other ordinary living, travelling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.
- **Bereavement Benefit**
  - When injuries covered by the policy result in loss of life of an Insured Person with 365 days from the accident, ACE INA will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the Insured Person for up to six (6) sessions of grief counselling, by a Professional Counsellor, subject to a maximum of $1,000. "Professional Counsellor" means the treatment or counselling by a therapist or counsellor who is licensed, registered or certified to provide such treatment.
- **In-Hospital Indemnity**
  - In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses, excluding Loss of Life Benefit and the Insured Person is hospital confined as an in-patient and is under the care of a legally qualified and registered physician or surgeon other than himself, ACE INA will pay for each full month, one percent (1%) of the Insured Person's Principal Sum, subject to a maximum benefit of $2,500, or one-thirtieth of such monthly benefit for each day of partial month, retroactive to the 1st full day such confinement but not to exceed 365 days in the aggregate for each period of hospital confinement.
  - "Hospital" as used herein means a legally constituted establishment

which meets all of the following requirements: (1) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (2) provides 24 hour a day nursing service by registered or graduate nurses; (3) has a staff of one or more licensed physicians available at all times; (4) provides organized facilities for diagnosis and surgical facilities; and (5) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts.

- "In Patient" means a person admitted to a hospital as a resident or bed-patient and who is provided at least one day's room and board by the hospital

Cosmetic Disfigurement

- If, an Insured Person suffers a third degree burn in a non-occupational accident, ACE INA will pay a percentage of the Principal Sum depending on the area of the body which was burned according to the following table:

Body Part	(A) Area Classification	(B) Maximum allowable % for Area Burned	(C) Maximum % of Principal Sum Payable
Face, Neck, Hand	11	9%	99%
Hand & Forearm	5	4.5%	22.5%
Either Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Either Thigh	1	9%	9%
Either Lower Leg (below knee)	3	9%	27%

- The maximum percent of Principal Sum Payable (C) is determined by multiplying the Area Classification (A) by the Maximum Allowable percent for Area Burned (B). In the event of a 50% surface burn, the Maximum Allowable percent for Area Burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the Insured suffers burns in more than one area as a result of any one accident, benefits will not exceed a maximum of $25,000.

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.

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

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) DETAILS

	employment. ■ **Benefits payable under this section will be limited to only one (1) policy in the event the benefits are contained in two (2) or more policies issued to the Policyholder by ACE INA** (not applicable to the Schedule of Losses and Conversion).
■ **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.
■ **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); - travel or flight in any vehicle or device for aerial navigation, while being used for any test or experimental purposes; while the Insured Person is operating, learning to operate or serving as a member of the crew thereof; any such aircraft or device which is owned or leased by or on behalf of the Policyholder.
■ **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.

ASSOCIATE 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 from one of the following **insured conditions** the Critical Illness plan will pay you a lump sum equivalent to your Option choice:

- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Aorta Surgery
- Benign Brain Tumour
- Blindness
- Cancer
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Dismemberment
- Heart Attack
- Heart Valve Replacement
- Loss of Speech
- Major Organ Failure
- Major Organ Transplant
- Multiple Sclerosis
- Occupational HIV Infection
- Paralysis
- Parkinson's Disease
- Severe Burns
- Stroke

ADDITIONAL BENEFITS

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

My Choice offers the following coverage options:

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

SPOUSAL 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 from one of the following **insured conditions** the Critical Illness plan will pay you a lump sum equivalent to your Option choice:

- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Aorta Surgery
- Benign Brain Tumour
- Blindness
- Cancer
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Dismemberment
- Heart Attack
- Heart Valve Replacement
- Loss of Speech
- Major Organ Failure
- Major Organ Transplant
- Multiple Sclerosis
- Occupational HIV Infection
- Paralysis
- Parkinson's Disease
- Severe Burns
- Stroke

ADDITIONAL BENEFITS

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

My Choice offers the following coverage options:

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

CRITICAL ILLNESS DETAILS

The following is a further description of some of the specific elements of your Critical Illness plan.

- **Evidence of Insurability**
  - Benefit amounts are not subject to satisfactory evidence of insurability; however, the Pre-Existing Medical Condition Provision (outlined below) applies to all coverage.
- **Pre-Existing Medical Condition Provision**
  - If you or your covered dependents suffer a sickness or sustain an injury for which medical advice, consultation, investigation, or diagnosis was sought or received, or for which treatment was required or recommended by a licensed medical practitioner during the 24 months immediately prior to your or your covered dependent's effective date of insurance or prior to any increase in the amount of insurance and, which directly or indirectly causes the specified covered condition to occur within the first 24 months from your or your covered dependent's effective date of insurance or from any increase in the amount of insurance, a benefit will not be payable.
- **Smoking Provisions**
  - **applicable to Associate Options 2, 3 & 4**
  - **applicable to Spousal Options 2, 3, 4 & 5**
  - If the Insured Person is covered on the basis that they are a non-smoker and subsequently begin smoking, then the following will apply:
    a) The Insured Person must notify ACE INA Life Insurance within 30 days of beginning to smoke that they have begun smoking. In this event they must pay a higher premium applicable to a smoker as calculated by ACE INA Life Insurance; or
    b) Where such notification as is referred to in paragraph (a) above has not been provided to ACE INA Life Insurance or the Insured Person is a smoker but has been paying non-smoker premium rates, then, in the event of a claim ACE INA Life Insurance will reduce the benefits by 50%.
  - If the Insured Person is covered on the basis that they are a smoker and subsequently cease smoking for 12 consecutive months, then ACE INA Life Insurance may be notified that the lower premium applies.
- **Payment Terms**
  - If, while coverage is in effect:
    a) but only after coverage has been in effect on the Insured Person for a period of 90 days, the Insured Person, is then diagnosed with Cancer and the Insured Person survives for a period of 30 days thereafter, ACE INA Life Insurance will pay the Principal Sum; or
    b) the Insured Person suffers a Heart Attack, Stroke, Major Organ Failure, Multiple Sclerosis, Paralysis or becomes Blind, and the Insured Person survives for a period of 30 days thereafter (365 days for Paralysis), ACE INA Life Insurance will pay the Principal Sum; or
    c) the Insured Person undergoes Coronary Artery Bypass Surgery and the Insured Person survives for a period of 30 days thereafter, ACE INA Life Insurance will pay the Principal Sum;
    d) the Insured Person suffers, for the first time in their lifetime (applicable to Optional Coverage only), a Benign Brain Tumour, Amyotrophic Lateral Sclerosis (ALS), Alzheimer's Disease, Coma, Deafness, Parkinson's Disease, Severe Burns or

CRITICAL ILLNESS DETAILS

undergoes Aorta Surgery, and the Insured Person survives for a period of 30 days thereafter, ACE INA Life Insurance will pay the Principal Sum.

■ **Definition of Insured Conditions**

- Alzheimer's Disease: Means the diagnosis that the Insured Person has Alzheimer's Disease, which is a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the Insured Person exhibits the loss of intellectual capacity resulting in impairment of their memory and judgment, which results in a significant reduction in their mental and social functioning, such that they require permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured condition definition. A physician who is certified as either a neurologist or a psychiatrist must confirm diagnosis in writing.
- Amyotrophic Lateral Sclerosis (ALS): Means unequivocal diagnosis of ALS resulting in the inability to perform 3 of the 6 activities of daily living without assistance. A physician who is certified as a neurologist must confirm diagnosis in writing.
- Aorta Surgery: Means surgery to the aorta that is medically required to treat disease of the aorta and that involves the excision and surgical replacement of the diseased aorta with a graft. The Aortic Surgery must be performed on the prior written advice of a physician certified as a cardiovascular surgeon. Aorta includes the thoracic and abdominal aorta but does not include any of the branches of the aorta.
- Benign Brain Tumour: Means a benign neoplasm in the brain or meninges with histologic confirmation. Cysts granulomas, malformations of intracranial arteries or veins, and tumours or lesions of the pituitary are specifically excluded. The diagnosis must be confirmed neuro-radiologically by a specialist trained in the interpretation of radiological investigations.
- Blindness: Means the total and irrecoverable loss of sight in both eyes due to injury or sickness. Corrected visual acuity must be 20/200 or less in both eyes and the field of vision must be less than 20 degrees in both eyes. A physician certified in ophthalmology, must clinically confirm the diagnosis in writing.
- Cancer: Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes Leukemia, Hodgkin's Disease and invasive melanoma but does not include:
  - Carcinoma in situ
  - Kaposi's Sarcoma (or other AIDS related cancers) and cancer in the presence of human immunodeficiency virus (HIV)
  - Skin cancer or melanoma that is not invasive and has not exceeded .75 millimeters in depth
  - Prostate cancer diagnosed as T1 N0 M0 or equivalent staging

  A physician certified as an oncologist must confirm diagnosis in writing.
- Coma: Means you have been in a state of unconsciousness for a

continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A physician who is certified as a neurologist must confirm diagnosis in writing.

- Coronary Artery Bypass Surgery: Means surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial techniques will not be considered to be a covered Critical Illness.
- Deafness: Means the diagnosis of permanent loss of hearing in both of your ears, with an auditory threshold of more than 90 decibels in each ear. A physician, who is certified as an otolaryngologist must confirm diagnosis in writing.
- Dismemberment: Means a definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis of Loss of Limbs must be made by a Specialist
- Heart Attack: Means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be confirmed in writing by a physician who is a certified specialist in internal medicine or a cardiologist and should be based on new electrocardiograph changes consistent with heart attack and at least one of the following; elevation or cardiac biochemical markers or elevation or cardiac enzyme, to levels consistent with heart attack.
  - Heart attack does not include elevation of cardiac biochemical markers or elevation of cardiac enzymes due to coronary angioplasty unless accompanied by diagnostic changes of a new Q wave infarction of the ECG.
- Heart Valve Replacement: Means undergoing surgery to replace any heart valve with either a natural or mechanical valve. The surgery must be determined to be medically necessary by a Specialist. Exclusion: No benefit will be payable under this condition for heart valve repair.
- Loss of Independence: Means the definitive diagnosis by a licensed physician of either:
  - Being totally and permanently unable to perform, by oneself, at least 2 of the 6 activities of daily living or,
  - Cognitive impairment

  A mental or nervous disorder without a demonstrable organic cause is not covered. Loss of Independence must persist for at least 90 days from the date of the diagnosis.
- Loss of Speech: Means the definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days. The diagnosis of Loss of Speech must be made by a Specialist.
- Major Organ Failure: Means the irreversible failure of the entire heart, entire liver, entire pancreas (pancreatic islet cell transplants are excluded), both lungs, both kidneys or bone marrow, in which

the affected organ is unresponsive to any treatment and for which the Insured Person is medically required to become enrolled in a recognized Canadian transplant program to become the recipient of a heart, a liver, a pancreas, a lung, or a kidney or to receive a bone marrow transplant.

- Major Organ Transplant: Means a definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Insured Person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of the major organ failure must be made by a Specialist.
- 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.
- Occupational HIV Infection: Means a definite diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Insured Person's normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred after the later of the effective date of the policy, the effective date of last reinstatement of the policy, or the Insured Person's effective date of
  - Payment under this condition requires satisfaction of all of the following:
    a) The accidental injury must be reported to the insurer within 14 days of the accidental injury;
    b) A serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
    c) A serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
    d) All HIV tests must be performed by a duly licensed laboratory in Canada or the United State of America;
    e) The accidental injury must be reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.
  - The diagnosis of Occupational HIV Infection must be made by a Specialist.
  - Exclusion: No benefit will be payable under this condition if:
    - The Insured Person has elected not to take any available licensed vaccine offering protection against HIV; or,
    - A licensed cure for HIV infection is available prior to the accidental injury; or,
    - HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.
- Paralysis: Means the total and irrecoverable loss of function of 2 or more limbs through neurological damage due to injury or sickness,

provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent. A physician certified as a neurologist must confirm diagnosis in writing.

- Parkinson's Disease: Means unequivocal diagnosis of primary idiopathic Parkinson's Disease resulting in the inability to perform 3 of the 6 activities of daily living without assistance. Diagnosis should show signs of progressive impairment and must be confirmed in writing by a physician who is certified as a neurologist.
- Severe Burns: Means the Insured Person has third degree burns covering at least 20% of the surface area of their body. A physician who is certified as a plastic surgeon must confirm diagnosis of this condition in writing.
- Stroke: Means that the Insured Person has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the Stroke, confirmed in writing by a physician who is certified as a neurologist.

Second Event Benefit

- If the Insured Person is diagnosed with either of the following:

  Category of Conditions

  A. Cancer, or
  B. Cardiovascular Condition (defined as Heart Attack, Stroke, Coronary Artery Bypass, undergoes Aorta Surgery or Heart Valve Replacement)

  for which the Principal Sum has been paid and the Insured Person is thereafter considered (by the treating physician) fully recovered and not actively receiving treatment and has returned to work for a period of at least 90 days and is then diagnosed with another Insured Condition, the Second Event benefit payable will be equal to the Principal Sum (less any partial payment benefit paid after the first principal sum was fully paid). The Second Event Benefit is subject to the Insured Person surviving 30 days after the diagnosis of such Insured Condition. An insured spouse is considered eligible for a Second Event 90 days after the required treatment has finished and they have survived 30 days after the diagnosis of such Insured Condition.
- In order to be considered an eligible Second Event condition the first event and the second event cannot fall into the same Category of Conditions.
- The Second Event benefit is payable only once. Payment of the Second Event benefit will represent full and final discharge of all claims under the Second Event benefit. Following Payment of the Second Event benefit, coverage under this policy will terminate.

Definition of Partial Benefits

Please note: Partial Benefits are not considered an event and therefore are not included in the definition of Second Event. Any benefit payment made will reduce the amount payable under either a First or Second Event.

CRITICAL ILLNESS DETAILS

- DUCTAL CARCINOMA IN SITU (DCIS) BENEFIT
  - Ductal Carcinoma in situ (DCIS): Means the diagnosis by a licensed physician, of the presence of Ductal Carcinoma in situ of the breast, as confirmed by a biopsy. A physician certified as an oncologist must confirm the diagnosis in writing.
  - Subject to the terms, conditions and other provisions of the policy, ACE INA Life Insurance will pay the Insured Person 20% of the Principal Sum up to a maximum of $20,000 if, while insured, the Insured Person is diagnosed with DCIS and survives 30 days thereafter.
  - The DCIS benefit is payable only once, without interest. Payment of the DCIS benefit reduces the Principal Sum the Insured Person selected on the Critical Illness enrollment form. Payment of the DCIS benefit will represent full and final discharge of all claims under the DCIS benefit.
  - The DCIS benefit is not payable if the Principal Sum has already been paid as a result of the Insured Person suffering or undergoing one of the insured conditions.
- Hip or Knee Replacement Surgery (only applicable to Mandatory Coverage): Means the insured person has undergone surgery to replace either the hip or the entire knee through the procedures defined below. The benefit paid is based on an amount of 10% of the Principal Sum up to a maximum of $10,000, and in no event will this benefit be paid more than once.
  - Hip replacement qualifies if the femoral stem is replaced. This procedure is performed in both total arthroplasty and hemiarthroplasty (both monopolar and biopolar)
  - Knee replacement qualifies if all three compartments of the knee (medial, lateral and patellofemoral compartments) are replaced. This procedure is also known as total knee replacement.
  - The Surgery must be performed by a Specialist.
- Early Stage Prostate Cancer (T1a or T1b) Treatment: The diagnosis must be made by a specialist. No benefit will be payable unless the specialist has recommended one of the following treatments:
  - Prostate Surgery
  - Chemotherapy
  - Radiation Therapy
  - Hormone Therapy

  Subject to the terms, conditions and other provisions of this policy, the Company will pay the Insured Person 20% of the Principal Sum up to a maximum of $20,000 if, while insured, the Insured Person undergoes Early Stage Prostate Cancer (T1a or t1b) Treatment and the Insured Person survives 30 days thereafter.
- LOSS OF INDEPENDENCE BENEFIT
  - Subject to the terms, conditions and other provisions of the policy, ACE INA Life Insurance will pay the Insured Person 25% of the Principal Sum if, while insured, the Insured Person is diagnosed with Loss of Independence.
  - The Loss of Independence benefit is payable only once, without interest. Payment of the Loss of Independence benefit reduces the Principal Sum the Insured Person selected on the Group

CRITICAL ILLNESS DETAILS

Critical Illness enrollment form. Payment of the Loss of Independence benefit will represent full and final discharge of all claims under the Loss of Independence benefit.

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

- **Limitations and Exclusions**
  - The plan does not provide benefits for any of the specified coverages caused directly or indirectly by or resulting from intentionally self-inflicted injury, suicide or any attempt thereat, while sane or insane; declared or undeclared war or any act thereof; injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages; skin cancer that is not malignant, carcinoma in situ, Karposi's Sarcoma and AIDS related cancers; complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex; the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel; the commission or attempted commission by the Insured Person of any act which if adjudicated by a court would be an illegal act under the laws of the jurisdiction where the act was committed; misuse of medication or the abuse of drugs or intoxicants; or a pre-existing medical condition except where coverage has been in effect for a period of 24 months following your or your covered dependent's effective date of coverage.
- **Continuation of Coverage**
  - If the Insured Person is (1) laid-off on a temporary basis, (2) temporarily absent from work due to short-term disability, (3) on leave of absence, or (4) on maternity leave, coverage shall be extended for a period of 12 months following the beginning of any such event subject to continued payment of premium.
- **Waiver of Premium**
  - If the Employee is totally disabled while this policy is in force and the Employee provides satisfactory evidence of total disability to ACE INA Life Insurance on an annual basis, ACE INA Life Insurance will then waive the payment of each premium which falls due with respect to the Employee. Subject to all terms and conditions of the policy, waiver of any premium as herein provided will continue with respect to the Employee until age 65. If the Employee ceases to be totally disabled and he/she returns to active service with the employer and is a member of an eligible class, insurance with respect to the Employee may be continued upon resumption of premium payments by the Employee or the employer.
- **Total Disability**
  - Total Disability with respect to waiver of premium means disability resulting from injury or sickness which prevents engagement in the Employee's regular occupation during the first 24 months and thereafter any gainful employment for which he or she is reasonably qualified for because of education, training or experience.
- **Conversion**
  - On the date of termination of employment or during the 31 day

CRITICAL ILLNESS DETAILS

	period following termination of employment, you may convert your insurance to an individual insurance policy of ACE INA Life Insurance. The individual policy will be effective either as of the date that ACE INA Life Insurance receives the application or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same as a person would ordinarily pay when applying for an individual policy at that time. Application for an individual policy may be made at any office of ACE INA Life Insurance. The amount of insurance benefit converted to shall not exceed that amount issued during employment up to an all policies combined maximum of $25,000.
■ **Termination of Benefit**	■ The benefit terminates at the earlier of retirement or 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 Care Spending Account, Wellness Account, Group RRSP, reduce your payroll deduction or a combination.

Health Care Spending Account

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

You can view all covered HCSA expenses under the CRA at http://www.cra-arc.gc.ca/tx/ndvdls/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns300-350/330/llwxpns-eng.html.

Common dental or medical expenses that Canada Revenue Agency (CRA) 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.

ASSIGNMENT OF UNUSED FLEX DOLLARS

NOTE: Flex Dollars allocated to this account must be used in the year that they are allocated. They can not be carried over to the following Benefit Year. In April, you are required to submit all eligible expenses for reimbursement from your account.

Wellness Account

The My Choice Wellness Account can help motivate you to adopt positive changes in your behaviour that can directly impact your health and well-being.

This account allows for the reimbursement of specific wellness-related expenses such as a gym membership or athletic equipment. Under the My Choice benefits program, you'll have an opportunity to allocate your unspent Flex Dollars here.

Reimbursements under this option are a taxable benefit. Similar to the Health Care Spending Account, the Flex Dollars allocated to this account must be used in the year that they are allocated. They can not be carried over to the following Benefit Year.

Eligible Expenses:

You can submit the following eligible expenses for reimbursement from your Wellness Account. The original receipt must accompany your claim:

- Fitness centre memberships, monthly or annual activity or facility fees
- Certified personal trainer
- Instruction for a physical activity (Instruction fee only)
- Lifestyle or weight management program fees/nutrition counselling (offered by accredited practitioners)

Submitting your Eligible Wellness Account Expenses for Reimbursement:

You can submit your eligible expenses directly to Human Resources for approval. Complete the Wellness Account Reimbursement form and attach your original receipt which includes your name, type of services, total amount, provider name and address. Please forward to the Human Resources for reimbursement, keeping a copy for your files. You may submit claims in September and April each year. Communication and instructions will be sent during this time as a reminder. Reimbursement will be made via your regular pay and a pay date after the close of submission (either October or May).

RRSP Allocation

If you are a member of the Security Plus Plan you are able to deposit excess credits to your Group RRSP. Deposits made are considered a lump sum contribution and are not matched by Ingram Micro. Unspent credits deposited to the Group RRSP are subject to CPP and EI deductions. Deposits are made in April each year and will appear on your pay stub.

DISCLAIMER

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.