



Accidental Death and Dismemberment Insurance

OSSTF, DISTRICT 18 UPPER GRAND

Policy N°. BSC9028313

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit equal to the amount payable under the policyholder's Base Life and Base Optional Life insurance policy.

The Accidental Death and Dismemberment plan covers you 24 hours a day, anywhere in the world, for specified accidental losses occurring on or off the job.

If you suffer any of the losses listed below in the schedule of losses as the result of an accidental injury which results directly and independently of all other causes and the loss occurs within 365 days of the date of the accident, the benefits indicated below will be paid.

Schedule of Losses

Loss of Life.....	The Principal Sum
Loss of Both Hands.....	The Principal Sum
Loss of Both Feet.....	The Principal Sum
Loss of Entire Sight of Both Eyes.....	The Principal Sum
Loss of One Hand and One Foot.....	The Principal Sum
Loss of One Hand and the Entire Sight of One Eye.....	The Principal Sum
Loss of One Foot and the Entire Sight of One Eye.....	The Principal Sum
Loss of One Arm.....	Three-Quarters of The Principal Sum
Loss of One Leg.....	Three-Quarters of The Principal Sum
Loss of One Hand.....	Two-Thirds of The Principal Sum
Loss of One Foot.....	Two-Thirds of The Principal Sum
Loss of The Entire Sight of One Eye.....	Two-Thirds of The Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	One-Third of The Principal Sum
Loss of Speech and Hearing.....	The Principal Sum
Loss of Speech or Hearing.....	Two-Thirds of The Principal Sum
Loss of Hearing in One Ear.....	One-Sixth of The Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs).....	Two-Times The Principal Sum
Paraplegia (total paralysis of both lower limbs).....	Two-Times The Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body).....	Two Times The Principal Sum
Loss of Use of Both Arms or Both Hands.....	The Principal Sum
Loss of Use of One Hand or One Foot.....	Two-Thirds of The Principal Sum
Loss of Use of One Arm or One Leg.....	Three-Quarters of The Principal Sum
Loss of Four Fingers of One Hand.....	One-Third of The Principal Sum
Loss of All Toes of One Foot.....	One-Eighth of The Principal Sum

"Loss" as above, used with reference to quadriplegia, paraplegia, and hemiplegia means the complete and irreversible paralysis of such limbs; as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance through or above the first phalange; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above, used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears.

"Loss" as used with reference to "Loss of Use" means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss is determined to be permanent.

All claims submitted for loss of use must be verified by agreement between a licensed practicing physician appointed by the policyholder and a licensed practicing physician appointed by the insurance company, or in the event that the two physicians so appointed cannot arrive at an agreement, a third licensed practicing physician shall be selected by the first two physicians and the majority decision of the three physicians shall be binding on the policyholder and the insurance company. This procedure may be waived by the insurance company at its sole discretion.

Indemnity provided for all losses sustained by any one (1) insured person as the result of any one (1) accident, will not exceed the principal sum, with the exception of quadriplegia, paraplegia and hemiplegia, where indemnity will not exceed two times the principal sum.

Disappearance

If the body of an insured person has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed that such insured person shall have suffered loss of life within the meaning of the policy.

Repatriation

If accidental death, covered by the plan, occurs more than 200 kilometres away from your permanent place of residence and within 365 days of the date of the accident, the plan will reimburse the actual expenses up to \$10,000 which are incurred for the preparation and shipment of the deceased to the city of residence.

Rehabilitation

If you suffer an injury listed in the loss schedule, this plan will pay up to \$10,000 for special training, provided such training is required because of the covered injury and in order to qualify you for an occupation in which you would not be engaged except for the accident. All such expenses must be incurred within two years from the date of the accident and are limited to the cost of the training and materials needed for such training.

Permanent Total Disability Indemnity

When as the result of injury and commencing within 365 days of the date of the accident you become totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which you are reasonably qualified by reason of education, training or experience, this plan will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the principal sum less any other amount paid or payable under the Accidental Death and Dismemberment Indemnity Coverage of the policy as the result of the same accident.

Family Transportation

When injuries covered by the plan result in you being confined to a hospital, outside 200 Km from your permanent city of residence, within 365 days of the accident and the attending physician recommends the personal attendance of a member of your immediate family, the plan will pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier, but not to exceed the amount of \$10,000.00.

The term "member of the immediate family" means your spouse (or common-law spouse) parents, grandparents, children age 18 and over, brother or sister.

Home Alteration and Vehicle Modification

If you receive a payment under the plan and are subsequently required (due to the cause for which payment was made) to use a wheelchair to be ambulatory, then this benefit will pay, upon presentation of proof of payment:

- A. The one-time cost of alterations to your residence to make it wheel-chair accessible and habitable; and
- B. The one-time cost of modifications necessary to a motor vehicle, owned by you, to make the vehicle accessible or driveable for you.

The maximum payable under both Items A and B combined will not exceed \$10,000.00.

Day Care Benefit

If a payment is made under the plan for your accidental loss of life, the plan will pay an amount equal to the lesser of the following amounts:

- (1) The actual cost charged by such day care center per year, or
- (2) 3% of the principal sum, or
- (3) \$5,000.00 per year,

The amount paid is on behalf of any child who was your dependent at the time of your loss, is under age 13 and is currently enrolled or subsequently enrolled in an accredited day care center within 90 days following such loss.

The benefit is payable annually for a maximum of four consecutive payments but only if the dependent child continues their enrollment in an accredited day care center.

Seat Belt

Benefits under the plan will be increased by 10% if your injury or death results while you are a passenger or driver of a private passenger type automobile and your seat belt is properly fastened. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

Funeral Expense

When injuries covered by the plan, result in your accidental loss of life, the plan will pay the actual expense incurred for preparing the deceased for burial and funeral expenses subject to a maximum of \$5,000.00.

In-Hospital Indemnity Benefit

If you suffer a loss under the table of losses as a result of a covered accident and you are required to be confined to a hospital for more than five (5) consecutive days, the plan will pay:

- (a) a monthly benefit of one (1) percent of your applicable Principal Sum; or
- (b) for periods of less than one (1) month, one thirtieth (1/30) of the above monthly benefit per day.

Benefits are retroactive to the first (1st) day of hospital confinement.

This benefit is limited to:

- (a) a monthly amount not to exceed \$1,000.00; and
- (b) a total of twelve (12) months for any covered accident.

Successive periods of hospital confinement for loss from the same covered accident separated by a period of less than three (3) months will be considered as one (1) period of hospital confinement.

Educational Benefit

If the plan pays for your accidental loss of life, the plan will:

1. Pay the lesser of the following amounts to or on behalf of any dependent child who, at the date of accident, was enrolled as a full time student in any institution of higher learning beyond the 12th grade level:
 - (a) the actual annual tuition, exclusive of room and board, charged by such institution per school year.
 - (b) \$5,000.00 per school year.
 - (c) 5% of your principal sum.

The amount will be payable annually for a maximum of four consecutive annual payments, only if the dependent child continues his education.

"Dependent Child" means any unmarried child under 26 years of age who was dependent upon you for at least 50% of their maintenance and support.

"Institution of higher learning" includes, but is not limited to, any University, Private College, or Trade School.

2. Pay to or on behalf of your surviving spouse the actual cost incurred within 30 months from the date of your death, for any professional or trades training program in which your spouse has enrolled for the purpose of obtaining an independent source of support and maintenance, not to exceed a maximum total payment of \$5,000.00.

Felonious Assault Benefit

An additional 10% to the principal sum amount will be paid, should you suffer a covered loss, caused by the deliberate act of another person. "Loss" shall mean a felony, attempted felony, misdemeanor, or an attempted misdemeanor, riot or attempted riot:

- (a) which is directed at the group engaged in its usual course of business, its property or assets, or at yourself, as a representative of the group;
- (b) which is not a moving violation as defined under the applicable province/state motor vehicle laws; and
- (c) which is not the result of an act of a fellow employee or a member of your family or household.

The words act, felony, misdemeanor, riot, include but is not limited to, robbery, theft, bombing, kidnapping, hijacking, larceny, sniping, murder, rioting or inciting a riot. The legal codes of the jurisdiction where the loss occurs will govern.

Conversion Privilege

On the date of termination of employment or during the 60-day period following termination of your employment, the insurance may be changed to the American Home Assurance Company's individual insurance policy. The individual policy will be effective either as of the date that the application is received by the insurance company or on the date that coverage under the policy ceases, whichever occurs later.

The premium will be the same as you would ordinarily pay if you applied for an individual policy at that time. Application for an individual policy may be made at any office of the American Home Assurance Company. The amount of insurance benefit converted to shall not exceed that amount issued during employment.

Waiver of Premium

In the event that you become totally disabled and your waiver of premium claim is accepted and approved under your current group life plan, then the premiums payable under this plan are waived as of the same date the claim is accepted and approved by the group life plan carrier, until one of the following occurs, whichever is earlier:

- (a) The date you attains age 65.
- (b) The date of your death or recovery.
- (c) The date the master policy is terminated.

Continuation of Coverage

Your coverage under the plan will continue under the following circumstances:

- sickness or injury, coverage will continue until the earliest of:
 - o recovery from sickness or injury; or
 - o termination of employment with the employer.
- an approved maternity leave or parental leave of absence, coverage will continue for the duration of the period stipulated under any employment standards legislation, whether or not benefits are payable under Employment Insurance.
- an approved leave of absence, coverage may continue up to 24 months, or the number of years negotiated under your collective bargaining agreement.
- strike, lockout or temporary lay-off, the employer may choose to continue coverage for six months from the end of the month in which employment was interrupted, without discriminating among persons in similar circumstances.

Termination of Coverage

Coverage will terminate the earlier of:

- attainment of age 70
- you are no longer an eligible member, or the plan is discontinued

- you stop making required contributions

Beneficiary Designation

In the event of accidental loss of life, benefits are payable as designated in writing by you under the group life insurance policy. In the absence of such designation, benefits will be payable to your estate.

Exclusions

The policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. suicide or any attempt at suicide while sane, or self destruction or any attempt at self destruction while insane;
2. risky hobbies or pastimes, such as piloting an aircraft, flight instruction, aerobatics, flight testing, and sky diving;
3. declared or undeclared war or any act thereof;
4. active full time service in the armed forces of any country.

THIS BOOKLET CONTAINS IMPORTANT INSURANCE INFORMATION AND SHOULD BE KEPT IN A SAFE PLACE KNOWN TO YOU AND YOUR FAMILY.

This booklet is a summary of the principle features of the plan. The group policy issued to your plan administrator by American Home is the governing document. In the event of any variation between the information in this summary and the provisions of the policy, the latter will prevail. You can contact your plan administrator if you require any additional information.

This plan is underwritten by
American Home Assurance Company