- **Qualified members of the Canadian Union of Public Employees (CUPE) 503**
- **CUPE 503 Exempt**
- **Councillor Assistants**

Welcome to your Group Benefit Program

As a valued employee, you are entitled to the medical and financial security of your Group Benefit Program, provided by the Corporation of the City of Ottawa in partnership with Manulife Financial and ACE INA Insurance.

This benefit booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group benefits are important, not only for the financial assistance they provide, but also for the security they provide for you and your family, especially in case of unforeseen needs.

For more information

The following table summarizes where you can get answers to any questions you may have about your benefits, or how to submit a claim.

Plans	Contract/Policy numbers	Contacts
Basic Life Insurance, Optional Life Insurance, Health Plan, Dental Plan, Long Term Disability	Manulife Financial GL 38252, GL 38253, ASO 85326, ASO 85327 and GH 38254	◆ Call 1 (800) 268-6195, or ◆ Visit website at **www.manulife.ca**
Income Protection Plan	City of Ottawa	◆ Plan Administrator
Accidental Death and Dismemberment Insurance	ACE INA Insurance ABT 10 28 65-01, OKE 10 28 65-01	◆ Plan Administrator
These plans were established for qualified City employees represented by the Canadian Union of Public Employees (CUPE) 503, or as a CUPE 503 Exempt or Councillor Assistant on September 8, 2003.		

December 2003

This booklet describes your benefit program as of September 8, 2003, and does not reflect changes to the program made after that date.

Summary of your Group Benefit Program

Eligibility	Full-time employees who are members of CUPE 503, are CUPE 503 Exempt, or are Councillor Assistants and work at least 24 hours per week.
Eligible dependents	**Child(ren)** ◆ your unmarried children (including adopted, foster and step-children) who are less than 21 years of age. Unmarried children, who are full-time students and dependent upon you for support, will be eligible until age 25. Children are covered from birth, and ◆ any mentally or physically handicapped child may remain covered past the maximum age. The child, upon reaching maximum age, must still be incapable of self-sustaining employment and be completely dependent on you for support and maintenance. **Spouse** A person who: ◆ is married to you through an ecclesiastical or civil ceremony, or ◆ although not legally married to you, continually cohabits with you in a conjugal relationship, which is recognized as such in the community in which you reside. The term conjugal relationship shall be deemed to include a conjugal relationship between partners of the same sex.
Employee Basic Life Insurance (Manulife Group Contract GL 38252)	**Benefit amount** – 2 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple, to a minimum of $100,000 **Waiver of premium** – coverage will continue without payment of premium to age 65, if you become disabled prior to age 65 for at least 6 months **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none **Termination age** ◆ CUPE 503 and CUPE 503 Exempt – coverage ends at age 65 or retirement, whichever is earlier ◆ Councillor Assistants – coverage ends at age 70 or retirement, whichever is earlier
Employee Optional Life Insurance (Manulife Group Contract GL 38253)	**Benefit amount** – you may elect multiples of $10,000, to a maximum benefit of $700,000 **Non-evidence limit** – all benefit amounts are subject to evidence of insurability **Waiver of premium** – premiums may be waived if you become disabled prior to age 65 for at least 6 months **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none To apply for Employee Optional Life Insurance, you must complete the Application for Optional Life Insurance, which is available from your Plan Administrator. **Termination age** – coverage ends at age 65 or retirement, whichever is earlier

Spousal Optional Life Insurance (Manulife Group Contract GL 38253)	**Spouse** – you may elect multiples of $10,000, to a maximum benefit of $700,000 **Non-evidence limit** – all benefit amounts are subject to evidence of insurability **Waiver of premium** – premiums may be waived if you become disabled prior to age 65 for at least 6 months **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none To apply for Spousal Optional Life Insurance, you must complete the Application for Optional Life Insurance, which is available from your Plan Administrator. For your spouse to be eligible for Spousal Optional Life Insurance, you must be insured for Employee Optional Life Insurance. **Termination age** – coverage ends at age 65 or retirement, whichever is earlier
Health Plan (Manulife Group Contract ASO 85326)	**Overall benefit maximum** – expenses incurred in Canada are not subject to an overall maximum. Expenses incurred outside Canada are limited to 60 days per trip and subject to an overall lifetime maximum of $1,000,000 per covered person **Deductible** – $25 deductible every calendar year for single or family coverage (does not apply to semi-private hospital expenses) **Benefit percentage (co-insurance)** – 100% for emergency hospital and physicians' charges incurred outside Canada, ManuAssist expenses, health care facilities and vision care, and 90% for all other expenses **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none **Termination age** **Prescription drugs** – coverage ends at age 65 or retirement, whichever is earlier **All other Health Plan benefits** ◆ CUPE 503 and CUPE 503 Exempt – coverage ends at age 65 or retirement, whichever is earlier ◆ Councillor Assistants – coverage ends at retirement **Eligible expenses** Eligible expenses are limited to reasonable and customary charges for the services or supplies, as outlined on the Manulife Financial Group Benefits website at www.manulife.ca. **Drugs** ◆ Benefit Card ◆ drugs available only by prescription ◆ maximum dispensing fee of $7 per item **Hospital** – semi-private room and board **Custom-made orthotics** – maximum of $300 per person per calendar year **Stock-item orthopaedic shoes** – $1,200 per person per calendar year **Custom-made orthopaedic shoes** – 1 pair per calendar year **Private duty nursing** – maximum of $25,000 per person per calendar year (prior approval from the carrier is recommended) **Professional services** – $1,000 per person per calendar year, for physiotherapist, chiropractor, chiropodist, podiatrist, osteopath, naturopath, speech therapist, massage therapist, and acupuncturist combined **Hearings aids** – maximum of $500 per person every 5 years

	Vision care – maximum of $300 every 24 months **Emergency out-of-province or out-of-country coverage** – to a lifetime maximum of $1,000,000 per person **ManuAssist** – travel assistance with toll-free telephone service
Dental Plan **(Manulife Group Contract ASO 85327)**	**Deductible** – nil **Dental Fee Guide** – Ontario Dental Association Fee Guide used 1 year prior to the date the claim is incurred or the minimum fee specified in the Denturist Fee Guide used 1 year prior to the date the claim is incurred **Benefit percentage (co-insurance)** ◆ 90% for Level I – Basic expenses ◆ 90% for Level II – Supplementary basic expenses ◆ 80% for Level III – Dentures ◆ 50% for Level IV – Major restorative services ◆ 50% for Level V – Orthodontics **Benefit maximums** ◆ $1,500 per person per calendar year for Levels I, II, III and IV combined ◆ $3,000 lifetime per person for orthodontic expenses (Level V) **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none **Termination age** ◆ CUPE 503 and CUPE 503 Exempt – coverage ends at age 65 or retirement, whichever is earlier ◆ Councillor Assistants – coverage ends at retirement
Survivor extended benefit **(Manulife Group Contract ASO 85326 and ASO 85327)**	If you die while your dependents are covered under this Group Benefit Program, your dependents may continue the Health and Dental benefits provided your dependents pay the full cost, until the earliest of: ◆ the date your dependent is no longer a dependent, according to the definition of dependent (see ***Explanation of common terms***), ◆ the date similar coverage is obtained elsewhere, ◆ the date the Group Contract terminates, or ◆ the date which is 3 months from your death.
Income Protection Plan **(Self-insured/ administered by the City of Ottawa)**	**Definition of disabled** – If you are ill or injured and unable to work, or are quarantined and unable to leave your home, you will receive Income Protection Plan benefits for up to 17 weeks per calendar year, depending on your length of service If you are still disabled after 17 weeks, you may be eligible for Long Term Disability benefits. **Benefit amount** – 66 2/3% or 100% of your pre-disability earnings, depending on your length of service **Maximum benefit period** – 17 weeks per calendar year **Waiting period** – none **Termination age** – none **Entitlement criteria** – to be entitled to Income Protection Plan benefits, you must be under the continuing care of a physician. The City may ask you to submit medical proof of ongoing illness, injury or quarantine.

Long Term Disability benefit
(Manulife Group Contract GH 38254)

Definition of totally disabled

Totally disabled means you are wholly and continuously disabled due to illness or bodily injury and, as a result, you are not physically or mentally fit to perform the essential duties of your normal occupation during the qualifying period and the succeeding 24 months. After this time, you will still be considered totally disabled provided you are unable to perform the essential duties of your normal occupation and any other occupation:

- for which you are, or may become fitted, by education, training and/or experience, and
- for which the current monthly earnings are 75% or more of the current monthly earnings for your normal occupation.

The availability of such occupations, jobs or work will not be considered in assessing your disability.

Confinement is not normally required. However, you must be under the regular care of a physician, and be prepared to attempt rehabilitative employment, or participate in a rehabilitation program considered appropriate by Manulife Financial.

If you must hold a government permit or license to perform your duties, you will not be considered totally disabled solely because such permit or license has been withdrawn or not renewed.

Benefit amount – 75% of your basic monthly earnings following 119 days (17 weeks) as of the date your disability began

Cost-of-living adjustment – on the January 1 following the first full calendar year of benefit payments, up to 4% per year on a cumulative basis

Qualifying period – 17 weeks

- Benefits are payable from the end of the qualifying period. Benefits are not payable during the qualifying period.
- You must be receiving regular, ongoing care and treatment from a physician during the qualifying period in order for benefits to be payable at the end of the qualifying period.

Maximum benefit period – until the earlier of:

- age 65, or
- the employee is eligible for an unreduced pension to which the employer contributes in whole or in part

Waiting period

- CUPE 503 and CUPE 503 Exempt – 6 months
- Councillor Assistants – none

Termination age – coverage ends at age 65 less the qualifying period or retirement, whichever is earlier

Entitlement criteria

To be entitled to Long Term Disability benefits, you must meet the following criteria:

- you must be continuously totally disabled throughout the qualifying period, and
- you must be under the continuing care of a physician.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

Basic Accidental Death and Dismemberment Insurance Plan (ACE INA Insurance Policy ABT 10 28 65-01)	**Benefit amount** – 2 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple, to a maximum of $700,000 **Waiver of premium** – coverage will continue without paying the premium if you become disabled prior to age 65 for at least 6 months **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none **Termination age** – coverage ends at age 65 or retirement, whichever is earlier
Voluntary Accidental Death and Dismemberment Insurance Plan (ACE INA Insurance Policy OKE 10 28 65-01)	**Benefit amount** ◆ You may elect multiples of $10,000, to a maximum benefit of $250,000 ◆ You may also elect family coverage, under which your eligible dependents become insured as a percentage of your coverage: ❖ spouse, no children: 60% of your amount, ❖ spouse, children: 50% of your amount for spouse, and 10% for each eligible child, or ❖ children only: 15% of your amount for each eligible child. **Waiver of premium** – premiums may be waived if you become disabled prior to age 65 for at least 6 months **Waiting period** ◆ CUPE 503 and CUPE 503 Exempt – 6 months ◆ Councillor Assistants – none To apply for Voluntary Accidental Death and Dismemberment coverage, you must complete the application form, which is available from your Plan Administrator. **Termination age** – coverage ends at age 65 or retirement, whichever is earlier

Table of contents

How to use your benefit booklet

Designed with your needs in mind

This booklet provides the information you need about your group benefits and has been specifically designed with YOUR needs in mind. It includes:

- a ***Summary of your Group Benefit Program,*** which can be found at the front of this booklet,
- a detailed ***Table of contents,*** allowing quick access to the information you are searching for,
- ***Explanation of commonly used terms,*** which provides a brief explanation of the terms used throughout this benefit booklet,
- a clear, concise explanation of your group benefits, and
- information you need, and simple instructions, on how to submit a claim.

Important note

Your Health and Dental benefits are provided directly by the Corporation of the City of Ottawa. Manulife Financial has been contracted to adjudicate and administer your claims for these benefits following standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

The purpose of this booklet is to outline the benefits for which you are eligible as an employee of the Corporation of the City of Ottawa. The information in this booklet is a summary of the provisions of the Group Contracts or Policies. The booklet, in either its paper or electronic form, is provided for information purposes only and does not create or confer any contractual rights or obligations. All rights and obligations of the Corporation of the City of Ottawa, Manulife Financial, or ACE INA Insurance are governed by the paper versions of the Group Contracts or Policies. Please see your Plan Administrator if you require more information.
In the event of a discrepancy between this booklet (paper or electronic version) and the Group Contracts or Policies, the terms of the Group Contracts or Policies will apply. No alteration of the electronic copy of this booklet is permitted by any person, except by an authorized representative of Manulife Financial or ACE INA Insurance, as applicable.

Possession of this booklet alone does not mean that you or your dependent(s) are covered. The Group Contracts or Policies must be in effect and you must satisfy all the requirements of the Contracts or Policies.

We suggest you read this benefit booklet carefully, and then file it in a safe place with your other important documents.

Explanation of common terms

The following is an explanation of the terms used in this benefit booklet. When necessary, additional definitions or details are provided throughout the booklet to further clarify or limit certain terms.

Benefit year

- the calendar year from January 1 to December 31

Child(ren)

- your unmarried children (including adopted, foster and step-children) who are less than 21 years of age. Unmarried children, who are full-time students and dependent upon you for support, will be eligible until age 25. Children are covered from birth, and
- any mentally or physically handicapped child may remain covered past the maximum age. The child, upon reaching maximum age, must still be incapable of self-sustaining employment and be completely dependent on you for support and maintenance.

Deductible

The amount of eligible expenses for which you are responsible prior to consideration of payment of benefits.

Drug

Medications that have been approved for use by the Federal Government of Canada and have a drug identification number.

Earnings for Life Insurance

Your gross earnings excluding bonus, commissions, overtime, court time, acting assignments, allowance and fringe benefits.

Earnings for the Long Term Disability benefit

Your gross monthly earnings excluding bonus, commissions, overtime and fringe benefits.

Immediate family member

You, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

Medically necessary

Broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

Spouse

A person who either:

- is married to you through an ecclesiastical or civil ceremony, or
- although not legally married to you, continuously cohabits with you in a conjugal relationship, which is recognized as such in the community in which you reside. The term conjugal relationship shall be deemed to include a conjugal relationship between partners of the same sex.

Totally disabled

Except for Long Term Disability, you are unable to work and earn an income due to sickness or bodily injury that leaves you wholly and continuously disabled.

Why group benefits?

Government health plans can provide coverage for such basic medical expenses as hospital charges and doctors' fees. In case of disability, government plans (such as Employment Insurance, Canada/Quebec Pension Plan, and provincial worker's compensation act benefits, etc.) may provide some financial assistance.

But government plans provide only basic coverage. Medical expenses or a disability can create financial hardship for you and your family.

Private health care and disability programs supplement government plans and can provide benefits not available through any government plan, providing security for you and your family when you need it most.

Your Group Benefit Program is provided by the Corporation of the City of Ottawa, in partnership with The Manufacturers Life Insurance Company (Manulife Financial) or ACE INA Insurance.

Your Plan Administrator

Your Plan Administrator is responsible for ensuring that all employees are covered for the benefits to which they are entitled by submitting all required contributions, reporting all new enrolments, terminations, changes etc., and by keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide your Plan Administrator with the necessary information to perform such duties.

Applying for group benefits

To apply for group benefits, you must submit a completed Enrolment or Reinstatement Application form, available from the Manulife Financial website at **www.manulife.ca** or from your Plan Administrator. The forms for Accidental Death and Dismemberment Insurance are available from your Plan Administrator.

Making changes

To ensure that coverage is kept up-to-date for yourself and your dependents, it is vital that you report any changes to Manulife, which can be done through its website. Such changes could include:

- change in dependent coverage,
- change of beneficiary,
- change in name, or
- applying for coverage previously waived.

To make such changes, you must complete the Application for Change form, available from the Manulife Financial website at **www.manulife.ca.**

You should also report these changes to the Plan Administrator. The City will require this information for the Plans it administers, as well as for Accidental Death and Dismemberment Insurance, which is provided by ACE INA Insurance.

Questions?

For questions on the Income Protection Plan or Accidental Death and Dismemberment Insurance, see your Plan Administrator.

By phone or on-line, Manulife Financial is there to help with all other benefit questions.

Whether you have a question about your Plan or need a spare Benefit Card, Manulife's Customer Service Centre (CSC) representatives can help. Call the toll-free number to reach the CSC.

Customer Service Centre 1 (800) 268-6195

Manulife Financial Group Benefits Secure Internet Site **www.manulife.ca**

The **Interactive Voice Response (IVR)** system lets you confirm your personal information. You'll be asked to verify your language preference, verify that you're a Plan member, and then indicate what type of inquiry you have (dental or health, for example). Enter your Plan number and your member number (the certificate number shown on your Benefit Card).

Self-serve options are available to you through the IVR if you want to quickly check the status of a claim or get coverage information. From 8:30 am to 4:30 pm in every time zone, you can reach a Customer Service Representative after you've entered your identification details.

Representatives will have your information on-screen when they pick up your call. They can provide information about coverage, issue new cards, and explain details of your Plan.

Claims and coverage information is also available to you through Manulife's **Member Secure Site**. The Secure Site flyer you received with your enrolment material also explains what steps to follow to log on.

Need a hand? Manulife Financial can help with that too. If you have any questions while you're using the Secure Site, help is just a click or a call away. On-Line Help answers the most common user questions. The Site tutorial offers an overview of all the features and functions.

Monday to Friday between 8:30 am and 4:30 pm, you can call 1 (888) 335-9155. Leave a message and Manulife will call you with an answer within 1 business day.

E-mail a question, tell Manulife how you'd like to be contacted and a representative will respond within 1 business day.

The claims process

How to submit a claim

All claim forms must be correctly completed, dated and signed. Remember, always provide your Group Contract number and your Certificate number to avoid any unnecessary delays in the processing of your claim. Health and out-of-country claim forms are available on the Manulife Financial website at **www.manulife.ca.** Your dentist will submit your Dental claim electronically or provide you with a standard claim form. For Life Insurance, Income Protection, Long Term Disability or Accidental Death and Dismemberment Insurance claims, please contact your Plan Administrator.

Manulife's Customer Service Centre at 1 (800) 268-6195 can assist you in properly completing its forms, and answer any questions you may have about the claims process and your Group Benefit Program.

Payment of health and dental claims

Once the claim has been processed, Manulife Financial will send an explanation of benefits to you.

The top portion of the explanation of benefits form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions about the amount, please contact Manulife's Customer Service Centre at 1 (800) 268-6195 or visit the Manulife Financial website at **www.manulife.ca.**

The bottom portion of the explanation of benefits form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

You should receive settlement of your claim within 3 weeks from the date of submission to Manulife Financial. If you have not received payment, please contact Manulife's Customer Service Centre at 1 (800) 268-6195 or visit the Manulife Financial website at **www.manulife.ca.**

Co-ordination of Health and Dental benefits

If you or your dependents are covered for similar benefits under another plan, Manulife Financial will take this into account when determining the amount of expenses payable under this Plan.

This process is known as co-ordination of benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

- other Group Benefit Programs,
- any other arrangement of coverage for individuals in a group, and
- individual travel insurance plans.

Plan does not include school insurance or provincial plans.

Order of benefit payment

A variety of circumstances will affect which plan is considered as the primary carrier (that is, responsible for making the initial payment toward the eligible expense), and which plan is considered as the secondary carrier (that is, responsible for making the payment to cover the remaining eligible expense).

- If the other plan does not provide for co-ordination of benefits, it will be considered as the primary carrier, and will be responsible for making the initial payment toward the eligible expense.
- If the other plan does provide for co-ordination of benefits, the following rules are applied to determine which plan is the primary carrier.
  - For claims incurred by you or your dependent spouse:
    - The plan insuring you or your dependent spouse as an employee/member pays benefits before the plan insuring you or your spouse as a dependent.
    - In situations where you or your dependent spouse have coverage as an employee/member under more than 1 plan, the order of benefit payment will be determined as follows:
      - → the plan where the person is covered as an active full-time employee, then
      - → the plan where the person is covered as an active part-time employee, then
      - → the plan where the person is covered as a retiree.
  - For claims incurred by your dependent child:
    - The plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.
    - However, if you and your spouse are separated or divorced, the following order applies:
      - → the plan of the parent with custody of the child, then
      - → the plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's plan will pay benefits for the dependent child), then
      - → the plan of the parent not having custody of the child, then
      - → the plan of the spouse of the parent not having custody of the child (for example, if the parent without custody of the child remarries or has a common-law spouse, the new spouse's plan will pay benefits for the dependent child).
- A claim for accidental injury to natural teeth will be determined under health care plans with accidental dental coverage before it is considered under dental plans.
- If the order of benefit payment cannot be determined from the above, the benefits payable under each plan will be in proportion to the amount that would have been payable if co-ordination of benefits did not exist.
- If the covered person is also covered under an individual travel insurance plan, benefits will be co-ordinated in accordance with the guidelines provided by the Canadian Life and Health Insurance Association.

Submitting a claim for co-ordination of benefits

To submit a claim when co-ordination of benefits applies, refer to the following guidelines:

- As per the ***Order of benefit payment*** section, determine which plan is the primary carrier and which is the secondary carrier.
- Submit all necessary claim forms and original receipts to the primary carrier.
- Keep a photocopy of each receipt or ask the primary carrier to return the original receipts to you once your claim has been settled.
- Once your claim has been settled by the primary carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the secondary carrier for further consideration of payment, if applicable.

Who qualifies for coverage?

Eligibility

You are eligible for group benefits if you:

- are a full-time employee and work at least 24 hours per week,
- are younger than the termination age,
- are residing in Canada, and
- have completed the waiting period specified in the ***Summary of your Group Benefit Program.***

The termination age and waiting period may vary from benefit to benefit and sometimes from one employee group to another. For this information, please see the ***Summary of your Group Benefit Program.***

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

Evidence of good health

Medical evidence of insurability is required when you apply for coverage in excess of the non-evidence limit. Any increases in coverage will also require medical evidence.

Medical evidence of insurability is required for all benefits, except Dental coverage, when you make a late application for coverage on any person.

Medical evidence of insurability can be submitted by completing the Evidence of Good Health form, available from your Plan Administrator. Further medical evidence may be requested by Manulife Financial.

Evidence of good health is not required as a result of a change in carrier.

Late application

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

- apply for coverage more than 31 days after the date benefits terminated under your spouse's plan, or
- apply for coverage and benefits under your spouse's plan have not terminated.

If you apply late for Dental coverage for yourself or your dependents, the amount that you can claim will be limited to $125 for each covered person for the first 12 months of coverage.

Effective date of coverage

If evidence of good health is not required, your group benefits will be effective on the date you are eligible.

If evidence of good health is required, your group benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

For all benefits except Dental – You must be actively at work for coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your dependent's coverage becomes effective on the date the dependent becomes eligible, or the date any required evidence of good health on the dependent is approved by Manulife Financial, whichever is later.

If 1 of your dependents (other than a new-born infant) is hospitalized on the date coverage would normally become effective, coverage will begin on the day following discharge from the hospital.

Your dependent's coverage will not be effective prior to the date your coverage becomes effective.

Termination of coverage

Your group coverage will terminate on the earliest of:

- the date you cease to be an eligible employee,
- the date you enter the armed forces of any country on a full-time basis,
- the date the Group Contracts or Policies terminate,
- the date you reach the termination age, if applicable, or
- the date any required contribution is due but not paid.

Your dependent’s coverage terminates on the date your coverage terminates or the date the dependent ceases to be an eligible dependent, whichever is earlier.

Continuation of coverage

In the event of sickness or injury, maternity or parental leave, and in some instances, a leave of absence, your coverage may continue. Please see your Plan Administrator for details or contact Manulife’s Customer Service Centre at 1 (800) 268-6195.

Your group benefits

Employee Basic Life Insurance

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

Submitting a claim

To submit an Employee Basic Life Insurance claim, your beneficiary must complete the Life Claim form, which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form should be submitted as soon as reasonably possible.

To submit a claim for the waiver of premium benefit, you must complete a Waiver of Premium Claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

Waiver of premium

If you become totally disabled (as outlined in the ***Summary of your Group Benefit Program***), coverage for your Employee Basic Life Insurance will continue without payment of premium, provided the following conditions are met:

- total disability begins while you are insured and before you reach age 65 (or age 70, if you are a Councillor Assistant),
- total disability exists for at least 6 months, and
- you submit proof of this disability within 12 months of the date total disability began.

Waiver of premium conditions

Once your application for waiver of premium is approved, premiums for your Employee Basic Life Insurance will be waived from the premium due date coincident with or immediately following 6 months after the date you became totally disabled until the earliest of the following events:

- you are no longer totally disabled,
- you fail to submit further proof of total disability, if requested,
- you fail to take a physical examination and/or a mental evaluation, if requested,
- you are no longer under satisfactory and continuing medical supervision and treatment,
- your coverage would normally cease, for any reason other than termination of the Policy, if you were not totally disabled,
- the date you reach age 65, or
- the date of your death.

Conversion privilege

If your group benefits terminate or reduce, you may be eligible to convert all or part of your Employee Basic Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Basic Life Insurance. If you die during this 31-day period, the amount of Employee Basic Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion. Conversion is subject to a maximum of $200,000 or your current coverage, whichever is less.

For more information on the conversion privilege, call Manulife's Customer Service Centre at 1 (800) 268-6195 or contact your Plan Administrator.

Your group benefits

Employee Optional Life Insurance

If you die while insured, the amount of this benefit will be paid to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

Submitting a claim

To submit an Employee Optional Life Insurance claim, your beneficiary must complete the Life Claim form, which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form should be submitted as soon as reasonably possible.

To submit a claim for the waiver of premium benefit, you must complete a Waiver of Premium Claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

Waiver of premium

If you become totally disabled, coverage for your Employee Optional Life Insurance will continue without payment of premium, provided the following conditions are met:

- total disability begins while you are insured and before you reach age 65,
- total disability exists for at least 6 months, and
- you submit proof of this disability within 12 months of the date total disability began.

Waiver of premium conditions

Once your application for waiver of premium is approved, premiums for your Employee Optional Life Insurance will be waived from the premium due date coincident with or immediately following 6 months after the date you became totally disabled until the earliest of the following events:

- you are no longer totally disabled,
- you fail to submit further proof of total disability, if requested,
- you fail to take a physical examination and/or a mental evaluation, if requested,
- you are no longer under satisfactory and continuing medical supervision and treatment,
- your coverage would normally cease, for any reason other than termination of the Policy, if you were not totally disabled,
- the date you reach age 65, or
- the date of your death.

Conversion privilege

If your group benefits terminate or reduce, you may be eligible to convert all or part of your Employee Optional Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Optional Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion. Conversion is subject to a maximum of $200,000 or your current coverage, whichever is less.

For more information on the conversion privilege, please call Manulife's Customer Service Centre at 1 (800) 268-6195 or contact your Plan Administrator.

Exceptions

If your Employee Optional Life coverage has been in force less than 1 year, no benefit will be payable if death results directly or indirectly from suicide while sane or insane.

For your spouse to be eligible for Spousal Optional Life Insurance, you must be insured for Employee Optional Life Insurance.

Your group benefits

Spousal Optional Life Insurance

If your spouse dies while insured, the amount of this benefit will be paid to you. For your spouse to be eligible for Spousal Optional Life Insurance, you must be insured for Employee Optional Life Insurance.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

Submitting a claim

To submit a Spousal Optional Life Insurance claim, you must complete the Life Claim form, which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form should be submitted as soon as reasonably possible.

To submit a claim for the waiver of premium benefit, you must complete a Waiver of Premium Claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

Waiver of premium

Please refer to ***Employee Basic Life Insurance*** for details on the waiver of premium provision.

You must be insured for Employee Optional life Insurance in order to be eligible for Spousal Optional Life Insurance for your spouse.

Conversion privilege

If your spouse's life insurance terminates, he or she may be eligible to convert all or part of the terminated insurance to an individual policy, without medical evidence. Application for the individual policy must be made, and the first monthly premium paid, within 31 days of the termination date. If your spouse dies during this 31-day period, the amount of Spousal Optional Life Insurance available for conversion will be paid to you, even if your spouse didn't apply for conversion. Conversion is subject to a maximum of $200,000 or your current coverage, whichever is less.

For more information on the conversion privilege, please call Manulife's Customer Service Centre at 1 (800) 268-6195 or contact your Plan Administrator.

Exception

If your Spousal Optional Life coverage has been in force less than 1 year, no benefit will be payable if death results directly or indirectly from suicide while sane or insane.

Your group benefits

Health Plan

If you or 1 of your dependents incurs charges for any of the eligible expenses specified, your Health Plan benefit can provide financial assistance.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

Eligible expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial, provided they are:

- medically necessary for the treatment of sickness or injury and recommended by a physician (except for ManuAssist expenses, and paramedical practitioners under professional services),
- incurred for the care of a person while insured under this Group Benefit Program, and
- not covered under the provincial plan or any other government-sponsored program.

Advance supply limitation

Payment of any eligible expenses under this benefit that may be purchased in large quantities will be limited to the purchase of up to a 3-month supply at any one time, except for eligible drug expenses.

Drug expenses

The maximum quantity of drugs or medicines that will be payable for each prescription will be limited to the lesser of:

- the quantity prescribed by the physician or dentist, or
- a 34-day supply.

A quantity of up to a 100-day supply may be payable in long term therapy cases, where the larger quantity is recommended as appropriate by the physician and the pharmacist.

ManuScript Prescription Drug Plan

Managed care initiative

Managed care initiatives are intended to be part of the Plan. These currently include positive enrolment/coordination of benefits and ingredient cost adjudication. Over time, these initiatives could be expanded to include, for example:

- increased generic substitution, and
- managed formularies.

Drugs and medicines

- drugs or medicines dispensed by a licensed pharmacist, and which by law or convention, require the written prescription of a physician, subject to a maximum dispensing fee as specified in the ***Summary of your Group Benefit Program***. Anti-smoking drugs are subject to a lifetime maximum of $400 per person. Fertility drugs are subject to a lifetime maximum of $15,000 per person,
- injectable medications, and
- life-sustaining drugs.

Charges for the following are not covered:

- the administration of injectable medications,
- drugs, biologicals and related preparations, which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home, and
- Viagra.

Preventative

- oral contraceptives, intrauterine devices and diaphragms, and
- preventive vaccines.

Diabetic supplies

- the cost of standard syringes, needles and diagnostic aids, including insulin, novolin pens, testing supplies and insulin infusion sets, if required for treating diabetes (unless specifically included above, charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered).

Payment of eligible expenses

The maximum amount for any eligible expense is the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug or medicine, the amount covered is the cost of the prescribed product.

The amount payable is subject to the reimbursement percentage for drugs, as specified in the ***Summary of your Group Benefit Program.***

Some pharmacies may charge additional mark-ups than permitted under the Plan, in which case you may be asked to pay the difference at that pharmacy.

No substitution prescriptions

Where a prescription contains a written direction for the physician or dentist that the prescribed drug or medication is not to be substituted with another product, the full cost of the prescribed products is covered if it is an eligible expense under this benefit.

The amount payable is subject to any deductible, drug dispensing fee maximum and the reimbursement percentage for drugs, as specified in the ***Summary of your Group Benefit Program.***

Payment of drug claims

Your Benefit Card provides your pharmacist with immediate confirmation of covered drug expenses. When you present your Benefit Card to your pharmacist at the time of purchase, you and your eligible dependents may not incur out-of-pocket expenses for the full cost of the prescription.

The Benefit Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- present your Benefit Card to the pharmacist at the time of purchase, and
- pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at the time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy,
- you do not have your Benefit Card with you at that time, or
- the prescription is not payable through the Benefit Card system.

For details on how to receive reimbursement after paying the full cost of the prescription, please contact Manulife's Customer Service Centre at 1 (800) 268-6195 or visit the Manulife Financial website at **www.manulife.ca.**

Health care facilities

- hospital charges in excess of the charges, for standard ward accommodation, up to the level of accommodation specified in the ***Summary of your Group Benefit Program,*** provided:
  - the person was confined to hospital on an in-patient basis, and
  - the accommodation was specifically elected in writing by the patient.
- confinement in a chronic care facility that starts within 14 days of discharge from a hospital confinement of at least 5 days, up to the maximum specified in the ***Summary of your Group Benefit Program.***

Charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered.

Medical transportation services

- licensed ambulance service provided in the covered person's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available.

Medical supplies and services

For all medical equipment and supplies covered under this provision, eligible expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Medical equipment

- rental or, when approved by Manulife Financial, purchase of:
  - **mobility equipment** – crutches, canes, walkers, and wheelchairs, and
  - **durable medical equipment** – manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals.

Non-dental prostheses and supports

- artificial eyes, limbs, and external breast prostheses,
- braces (other than foot braces), trusses, collars, leg orthosis, casts and splints,
- stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear, up to a maximum of $1,200 per person per calendar year (recommendation of either a physician or podiatrist is required),
- custom-made shoes that are required because of a medical abnormality that, based on evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, up to a maximum of 1 pair per person per calendar year (must be constructed by a Certified Orthopaedic Footwear Specialist),
- purchase of casted, custom-made orthotics, up to a maximum of $300 per person per calendar year (recommendation of a physician or podiatrist is required),
- surgical stockings up to a maximum of 4 pairs per benefit year, and
- surgical brassieres up to a maximum of 4 per benefit year.

Other supplies and services

- ileostomy, colostomy and incontinence supplies,
- oxygen,
- medicated dressings and burn garments, and
- wigs and hairpieces for patients with temporary hair loss as a result of medical treatment, up to a lifetime maximum of $500 per person.

Dental services

- charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing.

Professional services

- private duty nursing services that are deemed to be within the practice of nursing and that are provided in the patient's home by:
  - a registered nurse, or
  - a registered nursing assistant (or equivalent designation) who has completed an approved medications training program.

  Eligible expenses are subject to the maximum specified in the ***Summary of your Group Benefit Program.***

  Charges for the following services are not eligible:

  - service provided primarily for custodial care, homemaking duties or supervision,
  - service performed by a nursing practitioner who is an immediate family member or lives with the patient,
  - services performed while the patient is confined in a hospital, nursing home or similar institution,
  - services that can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

  Manulife Financial suggests that a detailed treatment plan be submitted with cost estimates before nursing services begin. Manulife Financial will then advise you of any benefit that will be provided.

- professional services of the following licensed, certified or registered paramedical practitioners (when operating within their recognized fields) up to the maximum specified in the ***Summary of your Group Benefit Program:***
  - physiotherapist, massage therapist, speech therapist, psychologist, naturopath, podiatrist, osteopath, chiropractor, chiropodist and acupuncturist.

  Expenses for some of these professional services may be payable in part by provincial plans. Coverage for the balance of such expenses prior to reaching the provincial plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this benefit program are payable after the provincial plan's maximum for the benefit year has been paid. For chiropractor and podiatrist services, payment will begin after the provincial plan's maximum for each visit has been paid.

  Recommendation by a physician for professional services is not required.

Hearing aids

- charges for cost, installation, repair and maintenance of a hearing aid or aids (including charges for batteries) up to the maximum specified in the ***Summary of your Group Benefit Program.***

Vision care

- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, up to the overall maximum specified in the ***Summary of your Group Benefit Program.***

Out-of-province or out-of-Canada coverage

- emergency medical treatment of a sickness or injury that occurs while temporarily outside the province of residence, provided the medical emergency occurs during the first 60 days while travelling outside your normal province of residence and the covered person who receives the treatment is also covered by the provincial plan during the absence from the province of residence.

  A medical emergency is a sudden, unexpected injury that occurs, or an unforeseen illness that begins, while a covered person is travelling outside his or her province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician, the covered person is able to return to his or her province of residence, and
- expenses are payable up to a life maximum of $1,000,000 per person.

For all non-emergency medical treatment out of Canada, Manulife Financial:

- requires that it be recommended by a physician practicing in Canada, and
- suggests that a detailed treatment plan be submitted with cost estimates before treatment begins.

Manulife Financial will then advise the employee of any benefit that will be provided.

Charges for the following are payable under this expense:

- physicians' services,
- hospital room and board at standard ward rates. Charges in excess of ward rates are payable, if hospital coverage is provided under this Group Benefit Program,
- the cost of special hospital services,
- hospital charges for out-patient treatment,
- licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available, and
- medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides.

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the provincial plan.

All other charges incurred while outside the province of residence are payable under the appropriate eligible expense on the same basis as if they were incurred in the province of residence.

ManuAssist

ManuAssist is a travel assistance program available for you and your covered dependents. The assistance is delivered through an international organization, specializing in travel assistance.

The following assistance services are provided, when required as a result of a medical emergency, which occurs during the first 60 days while travelling outside your normal province of residence.

Medical emergency assistance

Medical emergency means a sudden, unexpected injury which occurs, or an unforeseen illness that begins, while a covered person is travelling outside his or her normal province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician, the covered person is able to return to his or her normal province of residence.

- **24-hour access** – Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex, or fax.

- **Medical referral** – Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

- **Claims payment service** – If a hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed $200 (Canadian), payment of such expenses will be arranged and claims co-ordinated on behalf of the covered person.

  Payment and co-ordination of expenses will take into account the coverage that the covered person is eligible for under a provincial plan and this Plan. If such payments are subsequently determined to be in excess of the amount of benefits to which the covered person is entitled, Manulife Financial shall have the right to recover the excess amount by assignment of provincial plan benefits and/or refund from you.

- **Medical care monitoring** – Medical care and services rendered to the covered person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the covered person, the attending physician, the covered person's personal physician and family.

- **Medical transportation** – If medically necessary, arrangements will be made to transfer a covered person to and from the nearest medical facility or to a medical facility in the covered person's normal province of residence. Expenses incurred for the medical transportation will be paid, as described under ***Eligible expenses – Medical transportation services.***

  If medically necessary for a qualified medical attendant to accompany the covered person, expenses incurred for round-trip economy transportation will also be paid.

- **Return of dependent children** – If dependent children are left unattended due to the hospitalization of a covered person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

  If necessary for a qualified escort to accompany the dependent children, expenses incurred for round-trip transportation will be paid.

- **Trip interruption/delay** – If a trip is interrupted or delayed due to an illness or injury of a covered person, one-way economy transportation will be arranged to enable each covered person and a travelling companion (if applicable) to rejoin the trip or return home. Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

  Travelling companion means any 1 person travelling with the covered person, and whose fare for transportation and accommodation was pre-paid at the same time as the covered person's fare.

  If the covered person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

- **After hospital convalescence** – If a covered person is unable to travel due to medical reasons following discharge from a hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum shown in the ***Visit of an immediate family member*** part of this provision.
- **Visit of an immediate family member** – Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by Manulife Financial.
- **Vehicle return** – If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of $1,000 (Canadian).
- **Identification of deceased** – If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.
- **Meals and accommodation** – Under the circumstances described in parts ***Return of dependent children, Trip interruption/delay, After hospital convalescence, Visit of an immediate family member, and Identification of deceased*** of this provision, expenses incurred for meals and accommodation will be paid, subject to a combined maximum of $2,000 (Canadian) per medical emergency.

Non-medical assistance

- **Return of deceased to province of residence** – In the event of the death of a covered person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to his or her normal province of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of $5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.
- **Lost document and ticket replacement** – Assistance in contacting the local authorities is provided to help a covered person in replacing lost or stolen passports, visas, tickets or other travel documents.
- **Legal referral** – Referral to a local legal advisor and if necessary, arrangement for cash advances from the covered person's credit cards, family or friends, is provided.
- **Interpretation service** – Telephone interpretation service in most major languages is provided.
- **Message service** – Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.
- **Pre-trip assistance service** – Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

Exceptions

Manulife Financial, and the company contracted by Manulife Financial to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason.

Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances that interfere with or prevent the provision of any services.

How to Access ManuAssist – Your Benefit Card

Your Benefit Card lists the toll-free numbers to call in case of an emergency, while travelling outside your province. The toll-free number will put you in touch with the international travel assistance organization.

Your Benefit Card also lists your ID number and Group Contract number, which the travel assistance organization needs to confirm that you are covered by ManuAssist.

If you do not have a Benefit Card, please contact your Plan Administrator.

Submitting a claim

To submit a Health Plan claim, you must complete a Health Plan Claim form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an out-of-province/out-of-Canada claim form. Claim forms are available from the Manulife Financial website at **www.manulife.ca,** the City's Intranet site or from your HR Service Bureau.

Submit the claim to Manulife Financial. All applicable receipts must be attached to the completed claim form.

All claims must be submitted by June 30 of the calendar year following the year in which the expense was incurred. For example, you had to submit claims for expenses incurred in 2002 by June 30, 2003 if they were to be considered for reimbursement.

However, upon termination of your coverage, all claims must be submitted no later than 90 days from the termination date.

Claims for out-of-Canada expenses must first be submitted to the provincial plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the provincial plan.

Expenses not covered

No payment will be made for expenses resulting from:

- self-inflicted injuries or illness while sane or insane,
- injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot,
- any injury or illness for which the person is entitled to benefits under any provincial worker's compensation act,
- examinations required for the use of a third party,
- travel for health reasons,
- charges levied by a physician or dentist for time spent travelling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication,
- cosmetic surgery or treatment (when so classified by Manulife Financial) unless such surgery or treatment is for accidental injuries and began within 90 days of an accident,
- any charges for services, treatment or supplies:
  - for which there would be no charge except for the existence of coverage,
  - which are performed or provided by an immediate family member or a person who lives with the patient,
  - which are provided while confined in a hospital on an in-patient basis, and
  - which are not specified as an eligible expense under this Plan,
- expenses incurred outside Canada for hospital charges for ward accommodation, hospital services or supplies furnished during hospital confinement, or physicians' services, except for specified treatment (***Eligible expenses – Out-of-province or out-of-Canada coverage***). Such expenses incurred outside Canada on an elective basis or on the referral of a physician located in Canada are not payable,
- drugs, sera, injectables and supplies that are not approved by Health Canada (food and drugs) or are experimental or limited in use whether or not so approved,
- experimental medical procedures or treatment methods not approved by the provincial medical association or the appropriate medical specialty society,
- services, treatments or supplies eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. Manulife Financial will only consider that amount of an eligible expense that is over and above the amount that would be payable by the government plan, or
- any deductible or co-payment the person is required to satisfy under a provincial drug benefit program.

Your group benefits

Dental Plan

If you or your dependents require any of the dental services specified under eligible expenses, your Dental Plan benefit can provide financial assistance.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

Eligible expenses

Eligible expenses are those that are recommended as necessary by a physician or dentist and are not in excess of the Dental Fee Guide.

Dental treatments are considered eligible if performed by a dentist or denturist who practices within the scope of his or her license.

There are several dental procedures which are covered by provincial health plans up to certain maximums. If the dentist or dental surgeon chooses to charge more than the amount payable by the provincial plan, legislation in some provinces does not permit the excess charges to be eligible under this Plan.

Level I – Basic services

- complete oral examinations, once every 3 years,
- full mouth x-rays, once every 3 years,
- 1 unit of light scaling and 1 unit of polishing once every 6 months for dependent children 18 years and under, and once every 9 months for any other person; or prophylaxis (light scaling and polishing) once every 6 months for dependent children 18 years and under, and once every 9 months for any other person, when the service is performed in Quebec,
- recall examinations and bitewing x-rays, once every 6 months for dependent children 18 years and under, and once every 9 months for any other person,
- fluoride treatment, once every 6 months for dependent children 18 years and under,
- routine diagnostic and laboratory procedures,
- oral hygiene instruction, once in a lifetime,
- fillings (amalgam, silicate, acrylic and composite), retentive pins and pit and fissure sealants. Replacement fillings are covered only if:
  - the existing filling is at least 12 months old and required due to significant breakdown of the existing filling or recurrent decay, or
  - the existing filling is amalgam and there is medical evidence indicating that there is an allergy to amalgam,
- pre-fabricated full-coverage restorations (metal and plastic),
- space maintainers (excluding appliances placed for orthodontic purposes),
- minor surgical procedures, simple extractions, and post surgical care,
- complicated extractions including impacted and residual roots,
- consultation, anaesthesia, and conscious sedation,
- denture repairs, relines and rebases, only if expense is incurred later than 3 months after the date of the initial placement of the denture, and
- injection of antibiotic drugs when administered by a dentist in conjunction with dental surgery.

Level II – Supplementary basic services

- surgical procedures not included in Level I (excluding implant surgery),

- periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth including:
  - scaling not covered under Level I, and root planing, up to a combined maximum of 8 units per calendar year,
  - provisional splinting, and
  - occlusal equilibration, up to a maximum of 8 units once every 12 months, and
- endodontic services (which include root canals and therapy, root amputation, apexifications and periapical services). Root canals and therapy are limited to 1 initial treatment plus 1 re-treatment per tooth per lifetime. Re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment.

Level III – Dentures

- initial provision of full or partial removable dentures, and
- replacement of removable dentures, provided the new dentures are necessary due to 1 of the following:
  - a natural tooth is extracted and the existing appliance cannot be made serviceable,
  - the existing appliance is at least 60 months old and cannot be made serviceable, or
  - the existing appliance is temporary and within 12 months of its installation it is replaced by a permanent denture. The total amount payable for both the temporary and permanent dentures is the amount that would have been allowed for permanent dentures.

Level IV – Major services

- crowns and onlays (only when function is impaired due to cuspal or incisal angle damage caused by trauma or decay),
- inlays (covering at least 3 surfaces, provided the tooth cusp is missing),
- initial provision of fixed bridgework, and
- replacement of fixed bridgework or the addition of teeth to bridgework, provided the replacement or addition is due to 1 of the following:
  - a natural tooth is extracted and the existing appliance cannot be made serviceable,
  - the existing appliance is at least 60 months old and cannot be made serviceable, or
  - the existing appliance is temporary and within 12 months of its installation it is replaced by a permanent bridge. The total amount payable for both the temporary and permanent bridge is the amount that would have been allowed for a permanent bridge.

Level V – Orthodontic services

- correction of malocclusion of the teeth,
- observation and adjustment,
- appliances for tooth guidance or uncomplicated tooth movement,
- appliances to control oral habits,
- retention appliances, and
- fixed or cemented, unilateral and bilateral appliances.

Alternate treatment

Where any 2 or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, Manulife Financial will pay benefits as if the least expensive course of treatment were used. Manulife Financial will determine the adequacy of the various courses of treatment available, through a professional dental consultant.

Late entrant limitation

If you or your dependents become covered for dental benefits more than 31 days after you first become eligible to apply, the amount that you can claim will be limited to $125 for each covered person for the first 12 months of coverage.

Pre-determination of benefits

If the cost of any proposed dental treatment is expected to exceed $500, Manulife Financial suggests that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

Extension of benefits

Eligible expenses incurred after the date coverage ceased will not be reimbursed, regardless of whether or not a treatment plan has been filed with Manulife Financial, unless the expenses are the result of either of the following situations:

- an impression for a denture, bridge, crown, inlay or onlay had been taken prior to the date coverage ceased and the denture, bridge, crown, inlay or onlay is installed within 31 days after the coverage ceased, or
- endodontic treatment had begun exposing a tooth prior to the date coverage ceased and the related expenses are incurred within 31 days after the coverage ceased.

Submitting a claim

To submit a claim, you and your dentist must complete a Dental claim form, which is available from your dentist, the Manulife Financial website at **www.manulife.ca** or the City's Intranet site.

Submit the claim to Manulife Financial. All applicable receipts must be attached to the completed claim form.

All claims must be submitted by June 30 of the calendar year following the year in which the expense was incurred. For example, you had to submit claims for expenses incurred in 2002 by June 30, 2003 if they were to be considered for reimbursement.

However, upon termination of your coverage for any reason, all claims must be submitted no later than 90 days from the termination date.

Expenses not covered

No payment will be made for expenses resulting from:

- self-inflicted injuries or illness while sane or insane,
- injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot,
- any injury or illness for which the person is entitled to benefits under any provincial worker's compensation act,
- examinations required for the use of a third party,
- charges levied by a physician or dentist for time spent travelling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication,
- cosmetic surgery or treatment (when so classified by Manulife Financial) unless such surgery or treatment is for accidental injuries and began within 90 days of an accident,
- any charges for services, treatment or supplies:
  - for which there would be no charge except for the existence of coverage,
  - which are performed or provided by an immediate family member or a person who lives with the patient, and
  - which are not specified as an eligible expense under this Plan,
- services, treatments or supplies eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. Manulife Financial will only consider that amount of an eligible expense that is over and above the amount that would be payable by the government plan,
- dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union,
- the replacement of an existing dental appliance that has been lost, mislaid or stolen,
- dental services and supplies rendered for full-mouth reconstruction, for a vertical dimension correction, or for a correction to temporo-mandibular joint dysfunction,
- treatment that is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition, or
- implants, or any services rendered in conjunction with implants.

Your group benefits

Survivor extended benefit

If you die while your dependents are covered under this Group Benefit Program, your dependents may continue the Health and Dental Plan benefits provided your dependents pay the full cost, until the earliest of:

- the date your dependent is no longer a dependent, according to the definition of dependent (see ***Explanation of common terms***),
- the date similar coverage is obtained elsewhere,
- the date the Group Contract terminates, or
- the date that is 3 months from your death.

Your group benefits

Income Protection Plan

If you are unable to perform your duties due to non-occupational illness or injury, you will be entitled to Income Protection Plan benefits for up to 17 weeks, depending on your length of service.

If you are still disabled after 17 weeks, you may be eligible for Long Term Disability benefits.

The benefit

As mentioned in the ***Summary of your Group Benefit Program,*** you will receive 66 2/3% or 100% of your pre-disability earnings, depending on your length of service.

However, if you have less than 3 months of service, you are not eligible for the Income Protection Plan benefits.

The following table outlines the benefit levels according to length of service.

In terms of service, if you have at least ...	You will receive the following percentage of your pre-disability earnings ...
Less than 3 months of service	◆ 100% for 1 week
3 months but less than 6 months	◆ 100% for the first week, and ◆ 66 2/3% for the next week
6 months but less than 1 year	◆ 100% for the first week, and ◆ 66 2/3% for the next 16 weeks
1 year but less than 2 years	◆ 100% for the first 2 weeks, and ◆ 66 2/3% for the next 15 weeks
2 years but less than 3 years	◆ 100% for the first 3 weeks, and ◆ 66 2/3% for the next 14 weeks
3 years but less than 4 years	◆ 100% for the first 4 weeks, and ◆ 66 2/3% for the next 13 weeks
4 years but less than 5 years	◆ 100% for the first 5 weeks, and ◆ 66 2/3% for the next 12 weeks
5 years but less than 6 years	◆ 100% for the first 7 weeks, and ◆ 66 2/3% for the next 10 weeks
6 years but less than 7 years	◆ 100% for the first 9 weeks, and ◆ 66 2/3% for the next 8 weeks
7 years but less than 8 years	◆ 100% for the first 11 weeks, and ◆ 66 2/3% for the next 6 weeks
8 years but less than 9 years	◆ 100% for the first 13 weeks, and ◆ 66 2/3% for the next 4 weeks
9 years but less than 10 years	◆ 100% for the first 15 weeks, and ◆ 66 2/3% for the next 2 weeks
10 or more years	◆ 100% for up to 17 weeks

Public or Declared Holidays during an employee's absence while receiving Income Protection Plan benefits will not reduce the days of Income Protection Plan eligibility.

Entitlement criteria

To be entitled to Income Protection Plan benefits, you must be under the continuing care of a physician. The City may ask you to submit medical proof of ongoing illness, injury or quarantine.

Submitting a claim

To apply for Income Protection Plan benefits, you must contact your HR Service Bureau, which will assist you with all of the necessary paperwork and application process.

Your group benefits

Long Term Disability

If you become totally disabled while insured and meet the entitlement criteria for this benefit, Manulife Financial will pay a disability benefit.

Definition of totally disabled

Unless otherwise specified in the ***Summary of your Group Benefit Program,*** totally disabled means you are wholly and continuously disabled due to illness or bodily injury and, as a result, you are not physically or mentally fit to perform the essential duties of your normal occupation during the qualifying period and the succeeding 24 months. After this time, you will still be considered totally disabled provided you are unable to perform the essential duties of your normal occupation and any other occupation:

- for which you are, or may become fitted, by education, training and/or experience, and
- for which the current monthly earnings are 75% or more of the current monthly earnings for your normal occupation.

The availability of such occupations, jobs or work will not be considered in assessing your disability.

Confinement is not normally required. However, you must be under the regular care of a physician, and be prepared to attempt rehabilitative employment, or participate in a rehabilitation program considered appropriate by Manulife Financial.

If you must hold a government permit or license to perform your duties you will not be considered totally disabled solely because such permit or license has been withdrawn or not renewed.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

Entitlement criteria

To be entitled to Long Term Disability benefits, you must meet the following criteria:

- you must be continuously totally disabled throughout the qualifying period, and
- you must be under the continuing care of a physician.

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, educational and/or vocational examination or evaluation by an examiner selected by Manulife Financial.

Amount of disability benefit payable

The amount of disability benefit payable to you is the benefit amount shown in the ***Summary of your Group Benefit Program*** reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

- disability benefits payable under the Canada/Quebec Pension Plan, excluding benefits payable on behalf of your dependents,
- benefits payable under any provincial worker's compensation act, and
- income replacement indemnity payable under any plan of automobile insurance.

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 85% of your pre-disability gross earnings. All sources include those sources stated above and any benefit you are entitled to receive from:

- disability benefits payable under the Canada or Quebec Pension Plan (including dependent benefits),
- earnings or payments from any employer,
- disability benefits payable under any other group, association or franchise insurance plan,
- disability and income replacement benefits payable under any government plan (excluding Employment Insurance benefits),
- retirement or pension benefits provided by an employer and/or a government, or
- earnings recovered through a legally enforceable cause of action against some other person or corporation (in accordance with provisions under ***Third-party liability***).

Benefits payable from other sources will not be adjusted to take into account any difference between the tax status of those benefits and the benefit payable by Manulife Financial.

Public pension plans

The benefit amount will not be affected by changes in your Canada or Quebec Pension Plan (CPP/QPP) benefit unless the changes result from:

- a correction due to an error made when your award was originally determined,
- a change of 10% or more in the benefit formula under the government plan, or
- a change in dependent status (where applicable).

The benefit amount will not be reduced by disability benefits payable under a public pension plan (CPP/QPP) until actual determination of the award has been made, if, at the time you submit your claim, you sign an agreement to reimburse Manulife Financial.

Otherwise, CPP/QPP benefits that have not been determined by the time your benefit is payable will be estimated and deducted from your monthly benefit. Adjustments to correct such payments will be made after the award has been determined.

Cost-of-living adjustment

After 1 full calendar year of total disability, and annually thereafter, you are eligible for a cost-of-living adjustment. Increases will begin with your January payment. Your initial benefit amount will be increased by the ratio between:

- the average of the Consumer Price Indices for the 12 months ending June 30 of the first calendar year of disablement, and
- the average of the Consumer Price Indices for the 12 months ending June 30 of the current calendar year,

to a maximum of 4% per year, compounded annually with a cumulative carry-over.

The adjustment used to determine the cost-of-living benefit in any particular year will be the higher of the adjustment reached in the current year or that reached in any previous year. Should the Consumer Price Index decrease, your monthly benefit will remain at its present level.

Third-party liability

If your disability is caused by another person and you have a legal right to recover damages, Manulife Financial will request that you complete a subrogation reimbursement agreement when you submit your Long Term Disability claim.

On settlement or judgement of your legal action, you will be required to reimburse Manulife Financial those amounts you recover which, when added to the disability benefits that Manulife Financial paid to you, exceed 100% of your lost income.

Tax status of benefits

The tax position of any payments you receive under this benefit depends on whether you or the City pays the cost of the benefit.

If the City pays a portion or all of the cost, then any disability benefit payments you receive will be taxable.

Rehabilitation

Once Manulife Financial determines that you are totally disabled, if appropriate, and at Manulife Financial's discretion, you may be offered rehabilitation to assist you in returning to gainful employment, either to your pre-disability occupation or to another occupation.

In order to participate in a rehabilitation program not developed by Manulife Financial, Manulife Financial must approve the program.

Although most income reduces your benefit payment, for up to 24 months only half of your income from a rehabilitation program will be used to reduce your payments.

If the income you receive from rehabilitative employment equals 75% or more of the current monthly earnings for your normal occupation, your benefit payments will cease. Otherwise, while earning income from a rehabilitation program, your income from all sources cannot be greater than 100% of your earnings prior to your disability.

Cessation of benefit payments

Your monthly payments will cease on the earliest of the following events:

- the date you are no longer totally disabled,
- the date you reach age 65,
- the date you are eligible for an unreduced pension to which the employer contributes in whole or in part,
- the date you fail to undergo, when requested by Manulife Financial, medical, psychiatric, psychological, educational and/or vocational examinations by examiners selected by Manulife Financial,
- the date you fail to undergo medical, psychiatric or psychological treatment or participate in a rehabilitation program or alcoholism, drug addiction or substance abuse treatment program when recommended by Manulife Financial,
- the date you are incarcerated in a prison or mental institution by authority of a criminal court,
- the date you refuse to complete and return a Reimbursement Agreement/Direction form or comply with the terms of a signed Reimbursement Agreement/Direction form, when requested, in accordance with the provisions under ***Third-party liability,*** or
- the date of your death.

Recurrent disabilities

If you become totally disabled again from the same or related causes within 6 months of full-time active employment from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy any applicable qualifying period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the maximum benefit period for this benefit.

If you cease to be totally disabled at any time during the qualifying period and become totally disabled again, due to the same cause, within 2 weeks, the qualifying period will be extended by the number of days during which you were not totally disabled.

Extension of benefits

Long Term Disability benefits will extend beyond your termination date provided you became disabled while you were still insured. Benefits will continue to be paid according to the contract provisions regardless of the subsequent termination of the Group Policy.

Manulife Financial reserves the right to request proof of the continuance of total disability, and submit to an examination by Manulife Financial's medical advisors when requested.

Submitting a claim

To submit a claim, you must complete the Long Term Disability claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted to Manulife Financial within 6 months from the end of the qualifying period.

Exceptions and limitations

Disability Income is not payable for the following:

- a disability caused by self-inflicted injuries or illness,
- a disability resulting from insurrection, war, service in the armed forces of any country, or participation in a riot,
- a disability related to any condition that began prior to the date you became insured under this Plan and for which you received treatments within the 6 consecutive months immediately preceding the date insured under this Plan.
- a disability resulting from alcoholism, drug addiction, or the use of any hallucinogen, unless you are participating in a therapeutic program recognized by Manulife Financial and are under the continuous care of a medical specialist in this field, or
- a disability that is the direct or indirect result of committing a criminal offense, except for injuries sustained while operating a motor vehicle if your blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury.

Complications due to pregnancy are covered. However, any disability due to any cause will not be eligible for benefits at any time when you are on pregnancy leave of absence or could be placed on such leave by your employer in accordance with relevant government legislation or the leave agreed upon by you and your employer.

Your group benefits

Basic Accidental Death and Dismemberment Insurance Plan

This Plan offers you full 24-hour protection against accidents, on or off the job, on business, on vacation or at home, regardless of your health history.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits for which you are eligible, benefit amounts and other important information.

In the event of your death, the benefit amount is payable to the beneficiary you have named under your Employee Basic Life Insurance or in the absence of such designation, to your estate.

Schedule of losses

If such injuries result in any 1 of the following specific losses within 1 year from the date of the accident, ACE INA Insurance will pay the percentage of the benefit amount, based on the amount stated in the ***Summary of your Group Benefit Program;*** however, not more than 1 (the largest) of such benefits will be paid with respect to injuries resulting from 1 accident.

For loss of:	Percentage of benefit amount
Life	100%
Both hands or both feet	100%
Entire sight of both eyes	100%
1 hand and 1 foot	100%
1 hand and entire sight of 1 eye	100%
1 foot and entire sight of 1 eye	100%
Use of both arms or both hands	100%
Speech and hearing	100%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
1 arm or 1 leg	75%
Use of 1 arm or 1 leg	75%
Entire sight of 1 eye	66 2/3%
1 hand or 1 foot	66 2/3%
Use of 1 hand	66 2/3%
Speech or hearing	66 2/3%
Thumb and index finger or 4 fingers of the same hand	33 1/3%
Hearing in 1 ear	25%
All toes of the same foot	12 1/2%

Loss

- means, with respect to:
  - **hand or foot** – actual severance through or above the wrist or ankle joint,
  - **arm or leg** – actual severance through or above the elbow or knee joint,
  - **eye** – the entire and irrecoverable loss of sight,
  - **speech** – the total and irrecoverable loss of speech that does not allow audible communication in any degree,
  - **hearing** – the total and irrecoverable loss of hearing that cannot be corrected by any hearing aid or device,
  - **thumb and index finger** – the actual severance through or above the first phalange,
  - **fingers** – the actual severance through or above the first phalange of all 4 fingers of the same hand, and
  - **toes** – the actual severance of both phalanges of all toes of the same foot.

- as used with reference to:
  - **quadriplegia** – paralysis of both upper and lower limbs,
  - **paraplegia** – paralysis of both lower limbs, and
  - **hemiplegia** – paralysis of upper and lower limbs of 1 side of the body,

  means the complete and irreversible paralysis of such limbs.

  The maximum amount payable for quadriplegia, paraplegia or hemiplegia will be $1,000,000.
- of use means:
  - the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for 12 consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Insurance to be permanent.

Rehabilitation benefit

When injuries result in a payment being made by ACE INA Insurance under any benefit excluding the loss of life benefit, ACE INA Insurance will also pay the reasonable and necessary expenses actually incurred up to a limit of $10,000 for special training provided:

- such training is required because of such injuries and in order for you to become qualified to engage in an occupation in which you would not have been engaged except for such injuries,
- expenses are to be incurred within 2 years from the date of the accident, and
- no payment will be made for ordinary living, travelling, or clothing expenses.

Repatriation benefit

When injuries covered by this Plan result in a loss of life outside 150 km from your city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, ACE INA Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed $10,000.

Family transportation benefit

When injuries result in your confinement as an in-patient in a hospital outside 150 km from your city of permanent residence or outside Canada and requires personal attendance of a member of your immediate family as recommended by the attending physician, in writing, ACE INA Insurance will pay for the expense incurred by your family member, for the transportation by the most direct route by a licensed common carrier to you, while confined, but not to exceed an amount of $10,000.

Member of your immediate family means your spouse, (legal or common-law), parents, grandparents, children over age 18, brother or sister.

Spousal occupational training benefit

When injuries to you result in a payment being made by ACE INA Insurance under the loss of life benefit, ACE INA Insurance will pay in addition, the expenses actually incurred, within 365 days from the date of the accident, by your spouse for a formal occupation training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications.

The maximum payable is $10,000.

Home alteration and vehicle modification benefit

If you sustain an injury that results in a payment being made under this Plan, excluding the loss of life benefit and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Insurance will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

- the 1-time cost of alterations to your principal residence to make it wheelchair accessible and habitable, and
- the 1-time cost of modifications necessary to a motor vehicle used by you to make the vehicle accessible or driveable for you.

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 combined will not exceed $10,000.

Day care benefit

If you suffer a loss of life in a covered accident while this Policy is in force, ACE INA Insurance will pay, in addition to all other benefits payable under the Policy, a day care benefit. This benefit is equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your benefit amount or a maximum of $5,000 per year, on behalf of your dependent child who is enrolled in a legally licensed day care centre on the date of the accident or who enrols in a legally licensed day care centre within 365 days following the date of the accident.

The day care benefit will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that your child is enrolled in a legally licensed day care centre.

For this benefit, dependent child means either a natural child, adopted child, foster child, stepchild or any child who is in a parent-child relationship with you and who is unmarried, 12 years of age and under and dependent upon you for maintenance and support.

Special education benefit

If you suffer a loss of life in a covered accident under this Policy, ACE INA Insurance will pay, in addition to all other benefits payable under this Policy, a special education benefit. This benefit is equal to 5% of your benefit amount (to a maximum of $5,000 per year) 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 then enrols as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The special education benefit is payable annually for a maximum of 4 consecutive annual payments but only if your dependent child continues his or her education as a full-time student in an institution of higher learning.

Seat belt benefit

If you sustain an injury that results in a payment being made under the ***Schedule of losses,*** your benefit amount will be increased by 10%, if, at the time of the accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt and had a valid driver's license permitting you to operate this type of vehicle.

Due proof of seat belt use must be provided as part of the written proof of loss.

Vehicle means a private passenger car, station wagon, van, or jeep-type automobile.

Seat belt means those belts that form a restraint system.

Continuance of coverage

If you are:

- laid off on a temporary basis, temporarily absent from work due to short-term disability, or on approved leave of absence*, coverage will be extended for 12 months, or
- on maternity/parental leave, coverage will be extended for the duration of the leave, or
- on severance for a maximum of 24 months,

you are subject to payment of premiums.

* Coverage for approved leaves of absence can be for 1-year renewable terms.

If you assume other occupational duties during the leave or lay-off period, no benefits will be payable for a loss occurring during the performance of this occupation.

Submitting a claim

In the event of a claim, notice of claim must be given to ACE INA Insurance within 30 days from the date of the accident and subsequent proof of claim must be submitted to ACE INA Insurance within 90 days from the date of the accident.

A claim form can be obtained from your Plan Administrator.

Waiver of premium

If you are under age 65, and become totally disabled while the Policy is in force and you provide satisfactory evidence of your total disability to ACE INA Insurance on an annual basis, ACE INA Insurance will then waive the payment of such premium that falls due, subject to all the terms and conditions of the Policy except with respect to non-payment of premium or termination of the master Policy. Waiver of any premium will continue until you reach age 65. If you cease to be disabled and return to employment with the City and are a member of an eligible class, your insurance may be continued upon resumption of premium payments.

Conversion privilege

On the date of termination of employment or during the 31-day period following termination of employment, you may convert your insurance to an individual insurance policy of ACE INA Insurance. The individual policy will be effective either as of the date that the application is received by ACE INA Insurance 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. For specific information regarding application for an individual policy, please contact ACE INA Insurance at 1-800-387-7199.

The amount of insurance benefit converted will not exceed that amount issued during employment up to a combined maximum of $200,000 for the Basic and Voluntary Accidental Death and Dismemberment Insurance Plans.

Exclusions

The Plan does not cover any loss, which is the result of:

- intentionally self-inflicted injuries, suicide or any attempt at suicide, while sane or insane,
- war or any act of war,
- flying in an aircraft owned or leased by your employer, yourself or a member of your household, or aircraft being used for any test or experimental purpose, firefighting, powerline inspection, pipeline inspection, aerial photography or exploration,
- full-time, active duty in the armed forces of any country or international authority, or
- flying as pilot or crew member in any aircraft or device for aerial navigation.

Exposure and disappearance

Loss resulting from unavoidable exposure to the elements will be covered to the extent of the benefits afforded you.

If your body has not been found within 1 year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident, it will be presumed, subject to all other conditions of this Policy, that you suffered a loss of life resulting from bodily injuries sustained in an accident covered under this Policy.

Your group benefits

Voluntary Accidental Death and Dismemberment Insurance Plan

This Plan offers you full 24-hour protection against accidents, on or off the job, on business, on vacation or at home, regardless of your health history.

Under the Family Plan, you can insure your spouse and eligible dependent children. If you are covered under the Plan as an employee you cannot, however, also be covered as a spouse or dependent child of another employee. In addition, only 1 spouse can elect coverage for dependent children.

The benefit

The ***Summary of your Group Benefit Program*** shows the benefits that are available to you, benefit amounts and other important information.

Schedule of losses

In the event of the death of a covered person, the benefit amount is payable to the beneficiary. If the beneficiary dies before the covered person or if there is no designated beneficiary, this benefit is payable to the estate.

If such injuries result in any 1 of the following specific losses within 1 year from the date of the accident, ACE INA Insurance will pay the percentage of the benefit amount, based on the amount of coverage you chose to purchase; however, not more than 1 (the largest) of such benefits will be paid with respect to injuries resulting from 1 accident.

For loss of:	Percentage of benefit amount
Life	100%
Both hands or both feet	100%
Entire sight of both eyes	100%
1 hand and 1 foot	100%
1 hand and entire sight of 1 eye	100%
1 foot and entire sight of 1 eye	100%
Use of both arms or both hands	100%
Speech and hearing	100%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
1 arm or 1 leg	75%
Use of 1 arm or 1 leg	75%
Entire sight of 1 eye	66 2/3%
1 hand or 1 foot	66 2/3%
Use of 1 hand	66 2/3%
Speech or hearing	66 2/3%
Thumb and index finger or 4 fingers of the same hand	33 1/3%
Hearing in 1 ear	25%
All toes of 1 foot	12 1/2%

Loss

- means, with respect to:
  - **hand or foot** – actual severance through or above the wrist or ankle joint,
  - **arm or leg** – actual severance through or above the elbow or knee joint,
  - **eye** – the entire and irrecoverable loss of sight,
  - **speech** – the total and irrecoverable loss of speech that does not allow audible communication in any degree,
  - **hearing** – the total and irrecoverable loss of hearing that cannot be corrected by any hearing aid or device,
  - **thumb and index finger** – the actual severance through or above the first phalange,
  - **fingers** – the actual severance through or above the first phalange of all 4 fingers of the same hand, and
  - **toes** – the actual severance of both phalanges of all toes of the same foot.

- as used with reference to:
  - **quadriplegia** – paralysis of both upper and lower limbs,
  - **paraplegia** – paralysis of both lower limbs, and
  - **hemiplegia** – paralysis of upper and lower limbs of 1 side of the body,

  means the complete and irreversible paralysis of such limbs.
- of use means:
  - the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for 12 consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Insurance to be permanent.

Rehabilitation benefit

When injuries result in a payment being made by ACE INA Insurance under any benefit excluding the loss of life benefit, ACE INA Insurance will also pay the reasonable and necessary expenses actually incurred up to a limit of $10,000 for special training provided:

- such training is required because of such injuries and in order for you to become qualified to engage in an occupation in which you would not have been engaged except for such injuries,
- expenses are to be incurred within 2 years from the date of the accident, and
- no payment will be made for ordinary living, travelling or clothing expenses.

Repatriation benefit

When injuries covered by this Plan result in a loss of life of an insured person outside 150 km from the insured person's city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, ACE INA Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed $10,000.

Family transportation benefit

When injuries result in your confinement as an in-patient in a hospital outside 150 km from your city of permanent residence or outside Canada and requires personal attendance of a member of your immediate family as recommended by the attending physician, in writing, ACE INA Insurance will pay for the expense incurred by your family member, for the transportation by the most direct route by a licensed common carrier to you, while confined, but not to exceed an amount of $10,000.

Member of your immediate family means your spouse, (legal or common-law), parents, grandparents, children over age 18, brother or sister.

Spousal occupational training benefit

When injuries to you (the employee) result in a payment being made by ACE INA Insurance under the loss of life benefit, ACE INA Insurance will pay in addition, the expenses actually incurred, within 365 days from the date of the accident, by your spouse for a formal occupational training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications.

The maximum payable is $10,000.

Home alteration and vehicle modification benefit

If an insured person sustains an injury that results in a payment being made under this Plan, excluding the loss of life benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Insurance will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

- the 1-time cost of alterations to the insured person's principal residence to make it wheelchair accessible and habitable, and
- the 1-time cost of modifications necessary to a motor vehicle used by the insured person to make the vehicle accessible or driveable for the insured person.

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 combined will not exceed $10,000.

Day care benefit

If you (the employee) suffer a loss of life in a covered accident while this Policy is in force, ACE INA Insurance will pay, in addition to all other benefits payable under the Policy, a day care benefit. This benefit is equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your benefit amount or a maximum of $5,000 per year, on behalf of your dependent child who is enrolled in a legally licensed day care centre on the date of the accident or who enrols in a legally licensed day care centre within 365 days following the date of the accident.

The day care benefit will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that your child is enrolled in a legally licensed day care centre.

For this benefit, dependent child means either a natural child, adopted child, foster child, step-child or any child who is in a parent-child relationship with the insured person and who is unmarried, 12 years of age and under and dependent upon the insured person for maintenance and support.

Special education benefit

If you (the employee) suffer a loss of life in a covered accident under this Policy, ACE INA Insurance will pay, in addition to all other benefits payable under this Policy, a special education benefit. This benefit is equal to 5% of your benefit amount (to a maximum of $5,000 per year) 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 then enrols as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The special education benefit is payable annually for a maximum of 4 consecutive annual payments but only if your dependent child continues his or her education as a full-time student in an institution of higher learning.

Seat belt benefit

If you sustain an injury that results in a payment being made under the ***Schedule of losses,*** your benefit amount will be increased by 10%, if, at the time of the accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt and had a valid driver's license permitting you to operate this type of vehicle.

Due proof of seat belt use must be provided as part of the written proof of loss.

Vehicle means a private passenger car, station wagon, van, or jeep-type automobile.

Seat belt means those belts that form a restraint system.

Common disaster benefit (only applicable in the case of Family Plan coverage)

If, as a result of a common accident, you and your spouse both lose your lives within 1 year of such common accident, the spouse's loss of life benefit will be increased to equal 100% of your benefit amount.

Common accident means the same accident or separate accidents occurring within the same 24-hour period.

Extended family benefit (only applicable in the case of Family Plan coverage)

If you (the employee), have insured your family members, and suffer a loss of life in a covered accident, coverage may be extended for your spouse and dependent children for a maximum of 6 months, if premiums are paid.

Special benefit for dependent children (only applicable in the case of Family Plan coverage)

For loss of:	Percentage of benefit amount
Loss of life	the child's principal sum
Loss of 2 hands	4 times the child's principal sum
Loss of 2 arms	4 times the child's principal sum
Loss of 2 legs	4 times the child's principal sum
Loss of 2 feet	4 times the child's principal sum
Loss of 1 hand and 1 foot	4 times the child's principal sum
Loss of entire sight of both eyes	4 times the child's principal sum
Loss of speech and hearing	4 times the child's principal sum
Quadriplegia	4 times the child's principal sum
Loss of 1 arm or 1 leg	2 times the child's principal sum
Loss of speech or hearing	2 times the child's principal sum
Paraplegia	2 times the child's principal sum
Hemiplegia	2 times the child's principal sum
Loss of 1 hand	the child's principal sum
Loss of 1 foot	the child's principal sum

The child's principal sum means the applicable percentage of the employee's amount of insurance for which application has been made.

The maximum benefit payable will be $100,000.

Effective date and period of coverage

Coverage becomes effective on the first day of the month following the receipt of your application by the Plan Administrator. As long as your premium is paid, you will be protected until:

- you turn 65 years of age,
- you cease to be an eligible employee, or
- ACE INA Insurance declines to renew the insurance for all those who enrol under the Plan.

Continuance of coverage

If you are:

- laid off on a temporary basis, temporarily absent from work due to short-term disability, or on approved leave of absence*, coverage will be extended for 12 months, or
- on maternity/parental leave, coverage will be extended for the duration of the leave, or
- on severance for a maximum of 24 months,

you are subject to payment of premiums.

* Coverage for approved leaves of absence can be for 1-year renewable terms.

If you assume other occupational duties during the leave or lay-off period, no benefits will be payable for a loss occurring during the performance of this occupation.

Submitting a claim

In the event of a claim, notice of claim must be given to ACE INA Insurance within 30 days from the date of the accident and subsequent proof of claim must be submitted to ACE INA Insurance within 90 days from the date of the accident.

A claim form can be obtained from your Plan Administrator.

Waiver of premium

If you are under age 65, and become totally disabled while the Policy is in force and you provide satisfactory evidence of your total disability to ACE INA Insurance on an annual basis, ACE INA Insurance will then waive the payment of such premium that falls due, subject to all the terms and conditions of the Policy except with respect to non-payment of premium or termination of the master Policy. Waiver of any premium will continue until you reach age 65. If you cease to be disabled and return to employment with the City and are a member of an eligible class, your insurance may be continued upon resumption of premium payments.

Conversion privilege

On the date of termination of employment or during the 31-day period following termination of employment, you may convert your insurance to an individual insurance policy of ACE INA Insurance. The individual policy will be effective either as of the date that the application is received by ACE INA Insurance 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. For specific information regarding application for an individual policy, please contact ACE INA Insurance at 1-800-387-7199.

The amount of insurance benefit converted will not exceed that amount issued during employment up to a combined maximum of $200,000 for the Basic and Voluntary Accidental Death and Dismemberment Insurance Plans.

Exclusions

This Plan does not cover any loss, which is the result of:

- intentionally self-inflicted injuries, suicide or any attempt at suicide, while sane or insane,
- war or any act of war,
- flying in an aircraft owned or leased by your employer, yourself or a member of your household, or aircraft being used for any test or experimental purpose, firefighting, powerline inspection, pipeline inspection, aerial photography or exploration,
- full-time, active duty in the armed forces of any country or international authority, or
- flying as pilot or crew member in any aircraft or device for aerial navigation.

Exposure and disappearance

Loss resulting from unavoidable exposure to the elements will be covered to the extent of the benefits afforded you.

If your body has not been found within 1 year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident it will be presumed, subject to all other conditions of this Policy, that you suffered loss of life resulting from bodily injuries sustained in an accident covered under this Policy.

Notes

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