Canadian Association of Professional Image Creators

Contract Number: 51504 Part B

Effective: November 1, 2023

Issued: March 5, 2024

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The information in this booklet is important to you. It provides the information you need about the benefits available through the group contract with Canadian Premier Life Insurance Company (Securian Canada).

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Benefits are underwritten by Canadian Premier Life Insurance Company.

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How to Connect with Securian Canada

Questions?

We're here to help. Talk to a Securian Canada representative for assistance with your coverage by calling toll-free at 1-877-363-2773.

For faster service, have your group contract number, member ID and date of birth ready to enter into our automated telephone system.

Plan Member Services

Visit *www.my.securiancanada.ca* to obtain the following services:

- benefit information about coverage and claim status
- easy access to claim forms and/or e-claims, depending on your plan
- contact information

Access to my.securiancanada.ca website

The first time you access your group benefits online, you will need to register to get your personal access ID and password. To register you will need your group contract number, member ID and date of birth.

Your Drug Card

Online at *www.my.securiancanada.ca*

Your Travel Card

Online *at www.my.securiancanada.ca*

Note: If you have refused Extended Health Care coverage under this plan, this travel card does not apply to you.

Need to contact Securian Canada's Emergency Travel Assistance provider?

In the USA and Canada, call: 1-888-852-2419.
In other countries, call collect: 1-514-904-4730.

All other inquiries

Call 1-877-363-2773

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Benefit Summary

Contract Number 51504 Part B

This is a summary of the coverage your plan provides. You should read it together with the information in the rest of this booklet. Please see the related sections of this booklet for more information, including exclusions, limitations and other conditions that apply to your plan.

General Information

We, our and us	Throughout this booklet, *we, our* and *us* mean Securian Canada
Waiting period	The period from the date Securian Canada approves your application for insurance to the last day of the month. However, if your application is approved on the first day of the month, there is no waiting period.
Termination	Termination of coverage may vary from benefit to benefit as indicated in this Benefit Summary. Coverage may also end on an earlier date, as specified in the *General Information* section of this booklet.

Extended Health Care

Calendar year	January 1 to December 31
Proof of good health	Required on the initial request for coverage for you and your spouse
Deductible	None
Reimbursement level	
Drug card plan	Included
Prescription drugs	80% For employees or members residing in Québec, the prescription drug reimbursement percentage for drugs listed in the Régie de l'assurance-maladie du Québec (RAMQ) drug formulary is equal to that under the RAMQ plan. The reimbursement percentage for prescription drugs is increased to 100% once the RAMQ out-of-pocket maximum for drugs covered under the RAMQ plan has been reached. Drugs covered under this plan must have a Drug Identification Number (DIN) and be approved under *Drug evaluation* We will cover the following drugs and supplies that are prescribed by a doctor or dentist and are obtained from a pharmacist: • drugs that legally require a prescription • life-sustaining drugs that may not legally require a prescription • diabetic supplies

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	There are drugs and treatments that are not covered, even when prescribed. Please refer to the *Extended Health Care* section of this booklet for details.
Other health professionals allowed to prescribe drugs	We reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.
Québec drug insurance plan	Any conditions under this plan that do not meet the requirements under the Québec drug insurance plan are automatically adjusted to meet those requirements
In-province hospital	100% of the difference between the cost of a ward and a semi-private room, but not more than $100 per day, multiplied by the number of days of confinement.
Convalescent hospital	100% of the difference between the cost of a ward and a semi-private room, up to $20 per day for a maximum of 180 days for all periods of treatment of an illness due to the same or related causes
Out-of-province emergency service and Out-of-province referred services	100% Emergency Travel Assistance included Time limit – 60 days after the date the person leaves the province where the person lives Lifetime maximum of $1,000,000 per person for out-of-Canada services
Medical services and equipment	For the services of an ophthalmologist or licensed optometrist – 100% For orthopaedic shoes – 50% For all other eligible expenses – 80%
Paramedical services	80% up to a maximum of $375 per person per calendar year per specialty for the qualified paramedical practitioners listed below: • psychologists • massage therapists, when ordered by a doctor • speech therapists • physiotherapists • naturopaths • Christian Science Practitioners • osteopaths or osteopathic practitioners, including a maximum of one x-ray examination each calendar year • chiropractors, including a maximum of one x-ray examination each calendar year • podiatrists or chiropodists, including a maximum of one x-ray examination each calendar year
Termination	When you retire or reach age 65, whichever is earlier

Dental Care

Calendar year	January 1 to December 31
Deductible	None
Fee guide	The current fee guide for general practitioners in the province where the employee or member lives, regardless of where the treatment is received

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Reimbursement level	
Preventive procedures	80%
Basic procedures	80%
Major procedures	50%
Maximum benefit	
Calendar year maximum	All dental procedures – combined maximum of $500 per person for the first calendar year of coverage and Preventive and Basic dental procedures – combined maximum of $1,200 per person for each subsequent calendar year Major dental procedures – $500 per person for each subsequent calendar year
Late applicant limitation	If you and your dependent do not apply for Dental Care benefits in the quarter year during which you or your dependent first become eligible, you will have to wait for one year before you or your dependent will be eligible to be insured for Dental Care benefits. Premiums for this benefit will not be required during the one year waiting period
Termination	When you retire or reach age 65, whichever is earlier

Long-Term Disability

Maximum amount	***Monthly benefit for members*** You can choose coverage in units of $250 Minimum: $500 Maximum: $5,000 ***Monthly benefit for employees*** You can choose coverage in units of $250 Minimum: $500 Maximum: $2,500 Your monthly benefit for is specified in your *Benefit Schedule* The maximum amount may be reduced by benefits and payments provided from other sources as described in the *Long-Term Disability* section of this booklet
Cost of living adjustment	Your Long-Term Disability payment will be increased on each disability anniversary date of each year to reflect the average increase, if any, in the Canadian Consumer Price Index over the 12 month period ending 3 months prior to the date of any adjustment. Any percentage increase to your benefit payment cannot exceed 8%. In the event of deflation, we will not decrease your benefit payment. On each disability anniversary date, Securian Canada will calculate the cost of living adjustment to adjust the monthly benefit payable to you. There will be no cost of living adjustment during the first year of disability or after the amount of adjusted monthly benefit reaches two times the monthly benefit.

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	If you are totally disabled and the disability period has continued for one year, on each disability anniversary date, the adjusted monthly benefit will be payable instead of the monthly benefit.
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by the employee/member
Elimination period	The number of consecutive days you must be totally disabled as specified in the *Benefit Schedule* and commencing with the first day of your total disability, for which no monthly benefit is payable
Maximum benefit period	The period ending on the last day of the month in which you reach age 65. However, if you have received less than 12 months of Long-Term Disability payments when you reach age 65, termination of the payments due to age will be extended beyond age 65 until you have received benefits for a total of 12 months, subject to all other conditions of this plan. Benefits may also end on an earlier date as specified in the *Long-Term Disability* section of this booklet
Termination	The day you reach age 65 less the elimination period
Tax status	Your plan administrator has indicated that this disability plan is an employee/member-pay-all plan which means all required premium is paid by the employees/members covered under the plan. Therefore, the benefit payments are not taxable income.

Member Office Overhead Expense

Monthly benefit amount	You can choose coverage in units of $100 Maximum – $6,000 Minimum – $500 Your Monthly benefit amount is specified in your *Benefit Schedule*
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by the member
Elimination period	30 days
Maximum benefit period	The maximum benefit period is 12 months Benefits may also end on an earlier date as specified in the *Member Office Overhead Expense* section of this booklet
Termination	The day you reach age 65 less the elimination period

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Critical Illness

Employee/Member Optional Critical Illness

Amount	You can choose coverage in units of $10,000 Maximum – $300,000 Minimum – $50,000 Your benefit amount is specified in your *Benefit Schedule*
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by you
Termination	When you retire or reach age 65, whichever is earlier. In addition, your coverage will end on the date a Critical Illness benefit is paid for a covered condition which you sustain.

Spouse Optional Critical Illness

Amount	You can choose coverage in units of $10,000 Maximum – $300,000 Minimum – $50,000 NOTE: Spouse Optional Critical Illness coverage cannot exceed the employee/member's Optional Critical Illness coverage Your spouse's benefit amount is specified in your *Benefit Schedule*
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by you
Termination	When you retire or reach age 65, or when your spouse reaches age 65, whichever is earlier. In addition, your spouse's coverage will end on the date a Critical Illness benefit is paid for a covered condition which your spouse sustains.

Life

Employee/Member Basic Life

Amount	$25,000
Proof of good health	Approval required on the initial amount of coverage
Termination	When you retire or reach age 65, whichever is earlier

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Employee/Member Optional Life

Amount	You can choose coverage in units of $25,000 Maximum – $250,000 Your benefit amount is specified in your *Benefit Schedule*
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by you
Termination	When you retire or reach age 65, whichever is earlier

Spouse Optional Life

Amount	You can choose coverage in units of $25,000 Maximum – $250,000 Your spouse's benefit amount is specified in your *Benefit Schedule*
Proof of good health	Approval required on the initial optional amount of coverage and any increase in that coverage requested by you
Termination	The last day of the month in which you retire or reach age 65, or in which your spouse reaches age 65, whichever is earlier

Child Optional Life

Amount	$10,000 per child
Termination	When you retire or reach age 65, whichever is earlier

Accidental Death and Dismemberment

Employee/Member Basic Accidental Death and Dismemberment

Amount	$50,000
Termination	When you retire or reach age 65, whichever is earlier

Employee/Member Optional Accidental Death and Dismemberment

Amount	You can choose coverage in units of $25,000 Maximum – $250,000 Your benefit amount is specified in your *Benefit Schedule*

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Termination	When you retire or reach age 65, whichever is earlier

Spouse Optional Accidental Death and Dismemberment

Amount	You can choose coverage in units of $25,000 Maximum – $250,000 Your spouse's benefit amount is specified in your *Benefit Schedule*
Termination	When you retire or reach age 65, or when your spouse reaches age 65, whichever is earlier

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Making Claims

There are time limits for making claims. You can find more on these time limits in the following chart. **If you fail to meet these time limits, you may not be entitled to some or all benefit payments**.

To assess a claim, we may ask you to send us the following documents:

- medical records or reports
- proof of payment
- itemized bills
- prescriptions
- other information we need.

Proof of claim is at your expense.

Instructions and Time Limits for Sending Us Your Claims

Use this handy reminder to help you meet the time limits for sending in your claim.

Type of claim	Starting the claims process	Limits and special instructions
Extended Health Care	Ask your plan administrator for the form to complete, or get the form on our website. You can also submit claims for some expenses electronically. For more information, ask your plan administrator.	Up to the earlier of the following dates: • 180 days after the end of the calendar year during which the expense is incurred, or • 90 days after the end of your Extended Health Care coverage.
Emergency Travel Assistance	Contact Securian Canada's Emergency Travel Assistance provider to notify them that a medical emergency exists.	**Having expenses reimbursed:** To have services or supplies reimbursed that either you or another covered person have paid for, proof of the expenses must be provided to us within 30 days of the person's return to the province where the person lives. Refer to *Reimbursement of expenses* under the *Emergency Travel Assistance* section for further details.
Dental Care	Ask your plan administrator for the form to complete, or get the form on our website. The dentist will have to complete a section of the form. You can also submit claims for some expenses electronically. For more information, ask your plan administrator.	Up to the earlier of the following dates: • 180 days after the end of the calendar year during which the expense is incurred, or • 90 days after the end of your Dental Care coverage. If we consider it needed, we can require that you give us the dentist's statement of the treatment received, pre-treatment x-rays and any other related information.

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Type of claim	Starting the claims process	Limits and special instructions
Long-Term Disability	Ask your plan administrator for the claim forms and ensure that the following people complete them: • you, • your attending doctor, and • your employer. The submission of these forms is your proof of claim.	You should submit your proof of claim at least 8 weeks prior to the completion of your elimination period, but in no event later than 90 days after the end of your elimination period. If your Long-Term Disability coverage terminates, you must advise us of the claim within 30 days of the date the coverage terminates. We will assess the claim and send you or your employer a letter outlining our decision. From time to time, we can require that you provide us with proof of your continued total disability. We must be provided with this information within 90 days of the request.
Critical Illness coverage	Contact us to get the proper claim form.	**Initial contact with Securian Canada:** Within 30 days after the date of diagnosis or surgery. **Proof of claim:** Up to 90 days after the date of diagnosis or surgery. Failure to contact us or furnish proof of claim within the above time limits does not invalidate the claim if the contact is made or the proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of diagnosis or surgery if it is shown that it was not reasonably possible to contact us or furnish proof within the above time limits.

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Type of claim	Starting the claims process	Limits and special instructions
Life and Accidental Death and Dismemberment coverage	Ask your plan administrator to provide the claim forms.	**If the claim is a result of a death:** We must receive the claim form as soon as possible after the death occurred. **For any loss other than death:** We must receive the claim form within 12 months after the loss. **For coverage during total disability:** We must receive the proof of total disability within 12 months of the date the disability begins. After that, we can require that you provide us with ongoing proof that you are still totally disabled.

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General Information

The information in this benefits booklet is important to you. It provides the information you need about the group benefits available through the Canadian Association of Professional Image Creators' (Association) group contract with Securian Canada.

This booklet is only a summary of the Association's group contract. If there are any discrepancies between the group contract and the information in this booklet, the group contract will take priority, to the extent permitted by law.

Your group benefits may be modified after the effective date of this booklet. We will notify you in writing of any changes to your group plan. Any such notices will become part of this group benefits booklet and you should keep them in a safe place together with this booklet.

For administrative purposes, number 141010 will be used for the Critical Illness benefit under this contract.

Have questions? Need more information about your group benefits? Talk to your plan administrator.

Notice of ten (10) day right to examine coverage	Within ten days after its delivery to the employee/member, this booklet may be surrendered by delivering or mailing it to Securian Canada in Toronto, Ontario. Upon such surrender, any premium paid will be returned and this Certificate of Insurance will be deemed void from the effective date.
Cost of insurance	The cost of insurance is based on rates agreed to by Securian Canada and the Association. You will be notified of this cost by way of a written statement or notice. Rates are reviewed every year. They may change. Renewal notices will be sent to you identifying any changes to rates. Applicable taxes will be added to your premium payment.
Who is eligible to receive benefits?	Coverage is available to qualified members of the Association, and their employees. To be eligible for group benefits, you must reside in Canada and meet all the following conditions: • you are a member of the Association or their employee working in Canada. • you are actively working at least 30 hours a week. • you have completed the waiting period indicated in the Benefit Summary. **Your dependents become eligible** for coverage on the later of the following dates: • on the date you become eligible for coverage, or • on the date they become your dependent. You must apply for coverage for yourself in order for your dependents to be eligible.
Who qualifies as your dependent	Your dependent must be: • your spouse or your child, and • residing in Canada.

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	Your spouse qualifies as your dependent if they are your spouse in one of the following ways: • by marriage. • under any other formal union recognized by law. • as your partner of the opposite sex or of the same sex who is living with you and has been living with you in a conjugal relationship for at least 12 months. For employees or members residing in Québec, there is no minimum cohabitation period if a child is born out of the relationship. You can only cover one spouse at a time. **Your children and your spouse's children** (other than foster children) are eligible dependents if they are under age 21 and do not have a spouse. A child who is a full-time student under age 25 (age 26 for drugs listed in the Régie de l'assurance-maladie du Québec drug formulary for employees residing in Québec) is also considered an eligible dependent as long as the child is dependent on you for financial support and does not have a spouse. **If a child becomes disabled before the maximum age** and remains continuously disabled, we will continue coverage if they are not able to support themselves financially because of a disability and must rely on you financially. The exception is if they have a spouse. In these cases, you must inform Securian Canada within 6 months of the date the child attains the maximum age for this plan. **Ask your plan administrator for more on this.**
How to enrol	*For you* – You must provide the proper enrolment information to Securian Canada through your plan administrator. *For a dependent* – You must ask for dependent coverage. You will need to provide proof of good health as outlined in the Benefit Summary section at the beginning of this booklet. This coverage will not start before Securian Canada has approved this proof of good health.
When coverage begins	Your coverage begins **on the later of** the following dates: • the date you become eligible for coverage. • the date you enrol for coverage. • the date Securian Canada approves your proof of good health, if required. If you are not actively working on the date coverage would normally begin, your coverage will not begin until you return to active work. A dependent's coverage begins **on the later of** the following dates: • the date your coverage begins. • the date you first have a dependent. • the date Securian Canada approves the dependent's proof of good health, if required.
Changes affecting your coverage	If proof of good health is required, the change cannot take effect before Securian Canada approves the proof of good health. If you are not actively working when an increase in coverage occurs or when Securian Canada approves proof of good health, the change cannot take effect before you return to active work.

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	For Critical Illness coverage, to understand the impact on coverage when new covered conditions are added to this plan, refer to the *Critical Illness* section.
Updating your records	To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to your plan administrator: • change of dependents. • change of name. • change of beneficiary. You must advise Securian Canada in writing within 31 days of a status change. In the event that an you fail to advise Securian Canada in writing of your status change, no refund of any premium or portion of a premium, whether paid in error or otherwise, will be made for any period which commenced more than 12 months prior to the date on which satisfactory evidence, substantiating the right to a refund, is received by Securian Canada.
Accessing your records	You may request copies of your records, including: • your enrolment form or application for insurance. • any written statements or other record about your health that you provided to Securian Canada in applying for coverage. • one copy of the insured contract. We will not charge you for the first copy but we may charge a fee for further copies. Need a copy of a document? Contact Securian Canada toll-free at 1-877-363-2773.
When coverage ends	As an employee or member, your coverage will end on the earlier of the following dates: • the date your employment ends or you retire. • the date you are no longer actively working. • the end of the period for which premiums have been paid to Securian Canada for your coverage. • the date the group contract or the benefit provision ends. • the date you longer meet the eligibility requirement as outlined in this booklet. A dependent's coverage terminates on the earlier of the following dates: • the date your coverage ends. • the date the dependent is no longer an eligible dependent. • the end of the period for which premiums have been paid for dependent coverage. The end of coverage may vary from benefit to benefit. For information about a specific benefit, please refer to the Benefit Summary section at the beginning of this booklet.

If you die while covered by this plan

Coverage for your dependents will continue, without anyone paying further premiums, until **the earlier of** the following dates:

- 12 months after the date of your death.
- the date the person would no longer be considered your dependent under this plan if you were still alive.
- the date your coverage would have terminated if you were still alive.
- the date the benefit provision under which the dependent is covered ends.

When dependent coverage continues, it is subject to all other terms of the plan.

The continuation of coverage does not apply to Spouse and Child Optional Life, Spouse Optional Accidental Death and Dismemberment, and Spouse and Child Optional Critical Illness.

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Legal actions

Limitation period for Ontario

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002*.

Limitation period for any other province or territory

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation of your province or territory.

Proof of disability

From time to time, Securian Canada can require that you provide us with proof of your continued total disability. If you do not provide this information within 90 days of the request, you may not be entitled to some or all benefit payments.

Coordinating your benefits with another plan

If you or your dependents are covered for Extended Health Care or Dental Care under this plan and another plan, the maximum amount that you can receive from all plans is 100% of the total eligible expenses.

When you have more than one plan, insurance industry standards determine which plan you should claim expenses from first.

Please send in claims for you and your spouse in the following order:

- First, send in the claim to the plan where the person is covered as an employee or member. If the person is an employee under two plans, send the claim to the different plans in the following order:
  - to the plan where the person is covered as an active full-time employee.
  - then, to the plan where they are covered as an active part-time employee.
  - then, to the plan where they are covered as a retiree.
- Next, send the claim to the plan where the person is covered as a dependent.

Please send in claims for a child in the following order:

- First send in the claim to the plan where the child is covered as an employee.
- Then, to the plan where they are covered under a student health or dental plan through their educational institution.
- Then, to the plan of whichever parent has the earlier birth date (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.

When you send us a claim, you must tell us about all other equivalent coverage that you or your dependents have.

Medical examination

We may require that you or your dependent have a medical examination if you make a claim. We will pay for the examination. If the person fails or refuses to have an examination, we will not pay any benefits.

Recovering overpayments

If we have overpaid any amount of benefit, we have the right to recover this money. We will:

- ask you to reimburse us,
- deduct that amount from other benefit payments, or
- recover that amount by any other legal means available.

Assignments

For Life benefits – You may not assign any rights or interests to anyone.
For all other benefits – We reserve the right to deny your request for an assignment.

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Definitions

Here are the definitions of some terms that appear in this booklet. Other definitions that describe specific benefits appear in the benefit sections.

Accident	An accident is a bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.
Appropriate treatment	Appropriate treatment is defined as any treatment that is performed and prescribed by a doctor or, when Securian Canada believes it is necessary, by a medical specialist. It must be the usual and reasonable treatment for the condition and must be provided as frequently as is usually required by the condition. It must not be limited solely to examinations or testing.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
Earned income	If you own a portion of any business or profession: • all income earned by you whether paid directly to you or to a business in which you are a partner, or to a Corporation owned or controlled by you, or by you and your partners, or by you and one or more persons related to you or the Corporation as defined in subsection 251(2) of the Income Tax Act (Canada); • less your share of the usual and customary business expenses which the business incurs on a regular basis and are essential to the business operation and which are deductible for income tax purposes; • plus your salary and any other income earned from any source for services performed and any contributions to a pension or profit sharing plan made on your behalf. If you do not own any portion of any business or any profession, Earned Income means your salary, fees, commissions and bonuses and any other income earned for services performed less any business expenses which are usual and customary business expenses which the business incurs on a regular basis and are essential to the business operation and which are deductible for income tax purposes. *For Long-Term Disability*: Expenses which are not usual and customary business expenses include salaries, benefits and other forms of remuneration which are payable to any member of your immediate family unless such expenses are consistent and reasonable in relation to the expenses incurred before the disability began Earned Income does not include: • income from deferred compensation plans, disability policies, or retirement plans, or • interest, dividends, rents, royalties, wage continuation plans or any other payment not related to the performance of personal services. The accrual method of accounting for revenue and expenses will be used for calculating Earned Income.
Illness	An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.
Retirement date	If you are totally disabled, your retirement date is your 65th birthday, unless you have actually retired before then.

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Status change	Examples of status changes include: • marriage or any other formal union recognized by law, or common-law. • birth or adoption of a child. • divorce. • separation. • loss or acquisition of spouse's benefit coverage. • death of a dependent. • change of address • change of earning or salary • change of profession This is not an exhaustive list of changes in status. To ensure that coverage is kept up-to-date, it is important that you report all changes that may affect your coverage.

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Extended Health Care

General description of the coverage

In this section, *you* means the employee or member and all dependents covered for Extended Health Care benefits.

Extended Health Care coverage pays for eligible expenses that you incur while covered under this plan.

Eligible expenses mean expenses incurred for the services and supplies described below that are medically necessary for the treatment of an illness and do not exceed the reasonable and customary charges for the service or supply being claimed. However, there are additional eligibility requirements that apply to drugs.

Medically necessary means generally recognized by the Canadian medical profession as effective, appropriate and required for treating an illness according to Canadian medical standards.

Reasonable and customary charges mean:
- fees and prices normally charged in the regional area where the services or supplies are provided, and
- charges for services and supplies that represent reasonable treatment, considering the duration of services and how frequently services and supplies are provided.

To qualify for this coverage you must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits.

Reference to Doctor may also include a nurse practitioner – If the applicable provincial legislation permits nurse practitioners to prescribe or order certain supplies or services, Securian Canada will reimburse those eligible services or supplies prescribed or ordered by a nurse practitioner the same way as if they were prescribed or ordered by a doctor. For drugs, refer to *Other health professionals allowed to prescribe drugs* outlined in the Benefit Summary.

Claiming when the expense is incurred	You must claim an expense for the calendar year in which you incur the expense. You incur an expense on the date you receive the service or purchase or rent supplies. The calendar year is indicated in the Benefit Summary. See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.
Reimbursement level	Claims will be paid up to the reimbursement level under this plan. For each type of service listed below, the reimbursement level is indicated in the Benefit Summary.

Prescription drugs

Prescription drugs	We will cover the cost of the drugs and supplies that are listed in the Benefit Summary.
Quantity limit	Payments for any single purchase are limited to quantities that can reasonably be used in a 3 month period.
What is not covered	We will not pay for the following, even when prescribed: • the cost of giving injections, serums and vaccines. • treatments for weight loss, including drugs, proteins and food or dietary supplements.

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	• hair growth stimulants. • products to help you quit smoking. • drugs for the treatment of infertility. • drugs for the treatment of sexual dysfunction. • drugs that are used for cosmetic purposes. • natural health products, whether or not they have a Natural Product Number (NPN). • drugs and treatments, and any services and supplies relating to the administration of the drug and treatment, administered in a hospital, on an in-patient or out-patient basis, or in a government-funded clinic or treatment facility.
Drug evaluation	The following drugs will be evaluated and must be approved by us to be eligible for coverage: • drugs that receive Health Canada Notice of Compliance for an initial or a new indication on or after November 1, 2017. • drugs covered under this plan and subject to a significant increase in cost. Drug expenses are eligible for reimbursement only if incurred on or after the date of our approval. We will assess the eligibility of the drug based on factors such as: • comparative analysis of the drug cost and its clinical effectiveness. • recommendations by health technology assessment organizations and provinces. • availability of other drugs treating the same or similar condition(s). • plan sustainability.
Smoking cessation products	Smoking cessation products are covered in accordance with the requirements under the Québec drug insurance plan.
Pharmaceutical services (rendered by pharmacists)	For employees or members residing in Québec, we will cover the pharmaceutical services that are covered under the Québec drug insurance plan and apply its requirements.

Hospital expenses in your province

Hospital	We will cover the cost of room and board in a hospital in the province where you live, as indicated in the Benefit Summary. A *hospital* is a facility licensed to provide care and treatment for sick or injured patients, primarily while they are acutely ill. It must have facilities for diagnostic treatment and major surgery. Nursing care must be available 24 hours a day. It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium, convalescent hospital or a facility for treating alcohol or drug abuse or beds set aside for any of these purposes in a hospital.
Convalescent hospital	We will cover the cost of room and board in a convalescent hospital, as indicated in the Benefit Summary, if this care has been ordered by a doctor and as long as it is primarily for rehabilitation, and not for custodial care. A *convalescent hospital* is a facility licensed to provide convalescent care and treatment for sick or injured patients on an in-patient basis. Nursing and medical care must be available 24 hours a day.

SAMPLE

	It does not include a nursing home, rest home, home for the aged or chronically ill, sanatorium or a facility for treating alcohol or drug abuse.

Expenses out of your province

Expenses out of your province	We will cover emergency services while you are outside the province where you live. We will also cover referred services. **For both emergency services and referred services, the reimbursement level is indicated in the Benefit Summary.** For both emergency services and referred services, we will cover the cost of: • a semi-private hospital room • other hospital services provided outside of Canada • out-patient services in a hospital • the services of a doctor
Emergency services	We will only cover emergency services obtained within the time limit indicated in the Benefit Summary. If hospitalization occurs within this period, in-patient services are covered until the date you are discharged. *Emergency services* mean any reasonable medical services or supplies, including advice, treatment, medical procedures or surgery, required as a result of an emergency. When a person has a chronic condition, emergency services do not include treatment provided as part of an established treatment program that existed before they left their home province. *Emergency* means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor. Contact us right away in an emergency! You or someone with you must contact Securian Canada's Emergency Travel Assistance (ETA) provider right away. Securian Canada's ETA provider must approve all invasive and investigative procedures (including any surgery, angiogram, MRI, PET scan, CAT scan) before you have them. **If Securian Canada's ETA provider does not hear from you first, before** you receive emergency services, and we determine that someone could have reasonably made contact on your behalf, Securian Canada has the right to deny or limit payments for all expenses related to that emergency. In extreme circumstances where contact with Securian Canada's ETA provider cannot be made before services are provided, you must contact Securian Canada's ETA provider as soon as possible afterwards. An emergency ends when Securian Canada's ETA provider, based on available medical evidence, deems you medically stable to return to the province where you live.
Emergency services excluded from coverage	Any expenses related to the following emergency services are not covered: • services that are not immediately required or which could reasonably be delayed until you return to the province where you live, unless your medical condition reasonably prevents you from returning to that province prior to receiving the medical services. • services relating to an illness or injury which caused the emergency, after such emergency ends.

SAMPLE

	• continuing services, arising directly or indirectly out of the original emergency or any recurrence of it, after the date that Securian Canada or Securian Canada's ETA provider, based on available medical evidence, determines that you can be returned to the province where you live, and you refuse to return. • services which are required for the same illness or injury for which you received emergency services, including any complications arising out of that illness or injury, if you had unreasonably refused or neglected to receive the recommended medical services. • where the trip was taken to obtain medical services for an illness or injury, services related to that illness or injury, including any complications or any emergency arising directly or indirectly out of that illness or injury.
Referred services	*Referred services* must be for the treatment of an illness and ordered in writing by a doctor located in the province where you live. Your provincial medicare plan must agree in writing to pay benefits for the referred services. All referred services must be obtained in Canada, if available, regardless of any waiting lists. However, if referred services are not available in Canada, they may be obtained outside of Canada.

Your medical services at a glance

Covered expenses	Details	Payment limits
Medical services and equipment		
Out-of-hospital private duty nurse	Must be medically necessary Must be for nursing care, and not for custodial care, and must be prescribed by a doctor The private duty nurse must be a nurse or nursing assistant who is licensed, certified or registered in the province where you live and who does not normally live with you The services of a registered nurse are eligible only when someone with lesser qualifications cannot perform the duties	$25,000 per person over 3 calendar years
Ambulance	Transportation in a licensed ambulance that takes you to and from the nearest hospital that is able to provide the necessary medical services Must be medically necessary Expenses incurred outside Canada for emergency services will be paid based on the conditions that appear in the Benefit Summary for *Out-of-province emergency services*	

SAMPLE

Covered expenses	Details	Payment limits
Air ambulance	Transportation in a licensed air ambulance that takes you to the nearest hospital that is able to provide the necessary medical services Must be medically necessary Expenses incurred outside Canada for emergency services will be paid based on the conditions that appear in the Benefit Summary for *Out-of-province emergency services*	
Diagnostic services	The following diagnostic services that you receive outside of a hospital, except where your provincial plan considers the expense to be an insured service: • laboratory tests when prescribed by a doctor • radium treatment • x-ray examinations • diagnostic tests	
Dental services following an accident	Dental services, including braces and splints, to repair damage to natural teeth caused by an accidental blow to the mouth that occurs while you are covered You must receive these services within 12 months of the accident	$5,000 per person per accident in any 12 month period for a person age 18 or over (unlimited for persons age 18 or under) We will only cover up to the fee stated in the *Dental Association Fee Guide* for a general practitioner in the province where the employee or member lives
Ophthalmologist or licensed optometrist	Services of an ophthalmologist or licensed optometrist	$50 per person in any 24 month period
Wigs	After chemotherapy	$500 per person per lifetime
Equipment Casts, trusses or crutches	Medically necessary equipment that meets your basic medical needs, that you rented (or purchased at our request) For equipment to be eligible, we may require a doctor's prescription If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs	For wheelchairs, we only cover the cost of a manual wheelchair, except if your medical condition requires that you use an electric wheelchair, up to a lifetime maximum of $4,000 for electric wheelchairs
Splints or braces	Must be prescribed by a doctor	

SAMPLE

Covered expenses	Details	Payment limits
Breast prostheses	Required as a result of surgery	$400 per person in any 24 month period
Surgical brassieres	Required as a result of surgery	2 brassieres per person per calendar year
Artificial limbs		$5,000 per calendar year
Artificial eyes		
Stump socks, elastic support stockings, including pressure gradient hose	Must be prescribed by a doctor	2 pairs per person per calendar year
Custom-made orthotics for shoes	Must be prescribed by a doctor, podiatrist or chiropodist	$300 per person per lifetime
Custom-made orthopaedic shoes or modifications to orthopaedic shoes	Must be prescribed by a doctor, podiatrist or chiropodist	$200 per person per calendar year
Hearing aids		$300 per person over 5 calendar years Repairs are included in this maximum
Oxygen and blood serum		
Blood glucose monitors		$700 per person per lifetime
Diabetic supplies	Must be prescribed by a doctor	
Cosmetic surgery	Necessary to repair disfigurement due to an Injury sustained while insured	
Colostomy supplies		
Paramedical services		
Paramedical practitioners listed in the Benefit Summary	The paramedical practitioners must be qualified	Up to the reimbursement level indicated in the Benefit Summary

Qualified means a person who is a member of the appropriate governing body established by the provincial government for their profession. In the absence of a governing body, the person must be an active member of an association approved by us.

Qualified paramedical practitioners must:

- belong to a regulatory body or in the absence of a regulatory body, belong to an association approved by us,
- be licensed or registered, as required by the applicable provincial regulatory body,
- have undergone appropriate training and obtained necessary credentials in support of the services or supplies rendered,
- maintain clinical records and files consistent with the reasonable practices and standards of others in their field or as may be required by a regulatory body or association,
- produce clinical records and files to us upon request and generally act in a manner that is responsive to inquiries from us, and
- not engage in administrative practices unacceptable to us.

This is not an exhaustive list of qualifications. We have the sole discretion to determine whether a paramedical practitioner is qualified to render a service or provide a supply. To the extent that the qualifications listed above apply to clinics, we have the sole discretion to determine whether a clinic is qualified such that claims for services or supplies rendered at that clinic are eligible for reimbursement under this plan.

SAMPLE

When coverage ends

See the Benefit Summary at the beginning of this booklet to see when your coverage ends.

Payments after coverage ends

If you are totally disabled, as defined in the contract, when your coverage ends, benefits will continue for expenses that result from the illness that caused the total disability if the expenses are incurred:

- during the uninterrupted period of total disability,
- within 90 days of the end of coverage, and
- while this provision is in force.

If the Extended Health Care benefit ends, coverage for dental services to repair natural teeth damaged by an accidental blow will continue, if both of the following apply:

- the accident occurred while you were covered, and
- you have the procedure within 6 months after the date of the accident.

What is not covered

We will not pay for the costs of:

- services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described below under Integrating with government programs.
- implanted prosthetic or medical devices (examples of these devices are gastric lap bands, breast implants, spinal implants and hip implants).
- equipment that we consider ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers).
- services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments as defined in the contract.
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- services or supplies for which no charge would have been made in the absence of this coverage.

We will not pay benefits when the claim is for an illness resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- any work for which you were compensated that was not done for the employer who is providing this plan.
- participation in a criminal offence.

Integrating this plan with government programs

This plan will integrate with benefits payable or available under the government-sponsored plan or program (the *government program*).

The covered expense under this plan is the remaining portion of the expense that the government program does not pay or make available, regardless of:

- whether you have made an application to the government program,
- whether your being covered under this plan affects your ability to be eligible for or entitled to any benefits under the government program, or
- whether there are any waiting lists.

SAMPLE

Emergency Travel Assistance

General description of the coverage

In this section, *you* means the employee or member and all dependents covered for Emergency Travel Assistance benefits.

Emergency means an acute illness or accidental injury that requires immediate, medically necessary treatment prescribed by a doctor.

Emergency Travel Assistance supplements the emergency portion of your Extended Health Care coverage. We will only cover emergency services obtained within the time limit indicated in the Benefit Summary. If hospitalization occurs within this period, in-patient services are covered until the date you are discharged.

The emergency services excluded from coverage, and all other conditions including maximums, limitations and exclusions that apply to your Extended Health Care coverage also apply to Emergency Travel Assistance.

Bring your Travel card with you! There you will find telephone numbers and the information you'll need to confirm your coverage and get help.

Getting help	Contact us right away in an emergency! You or someone with you must contact Securian Canada's ETA provider right away. **If Securian Canada's ETA provider does not hear from you first, before** you receive emergency services, and we determine that someone could have reasonably made contact on your behalf, Securian Canada has the right to deny or limit payments for all expenses related to that emergency. In extreme circumstances where contact with Securian Canada's ETA provider cannot be made before services are provided, you must contact Securian Canada's ETA provider as soon as possible afterwards. Access to a fully staffed coordination centre is available 24 hours a day. Please consult the telephone numbers on the Travel card. Securian Canada's ETA provider may arrange for:
On the spot medical assistance	Securian Canada's ETA provider will provide referrals to physicians, pharmacists and medical facilities. As soon as Securian Canada's ETA provider is notified that you have a medical emergency, its staff, or a physician designated by Securian Canada's ETA provider, will, when necessary, attempt to establish communications with the attending medical personnel to obtain an understanding of the situation and to monitor your condition. If necessary, Securian Canada's ETA provider will also guarantee or advance payment of the expenses incurred to the provider of the medical service. Securian Canada's ETA provider will provide translation services in any major language that may be needed to communicate with local medical personnel. Securian Canada's ETA provider will transmit an urgent message from you to your home, business or other location. Securian Canada's ETA provider will keep messages to be picked up in its offices for up to 15 days.

SAMPLE

Transportation home or to a different medical facility	Securian Canada's ETA provider may determine, in consultation with an attending physician, that it is necessary for you to be transported under medical supervision to a different hospital or treatment facility or to be sent home. In these cases, Securian Canada's ETA provider will arrange, guarantee, and if necessary, advance the payment for your transportation. Securian Canada or Securian Canada's ETA provider, based on available medical evidence, will make the final decision whether you should be moved, when, how and to where you should be moved and what medical equipment, supplies and personnel are needed.
Meals and accommodations expenses	If your return trip is delayed or interrupted due to a medical emergency or the death of a person you are travelling with who is also covered by this benefit, Securian Canada's ETA provider will arrange for your meals and accommodations at a commercial establishment. We will pay a maximum of $150 a day for each person for up to 7 days. Securian Canada's ETA provider will arrange for meals and accommodations at a commercial establishment, if you have been hospitalized due to a medical emergency while away from the province where you live and have been released, but, in the opinion of Securian Canada's ETA provider, are not yet able to travel. We will pay a maximum of $150 a day for up to 5 days.
Travel expenses home if stranded	Securian Canada's ETA provider will arrange and, if necessary, advance funds for transportation to the province where you live: • for you if, due to a medical emergency, you have lost the use of a ticket home because you or a dependent had to be hospitalized as an in-patient, transported to a medical facility or repatriated (sent home); or • **for a child** if, due to a medical emergency, you need to be admitted to hospital and they are left unattended while travelling with you outside the province where you live. We provide this benefit for children who are under 16 or mentally or physically handicapped. If necessary, in the case of such a child, Securian Canada's ETA provider will also make arrangements and advance funds for a qualified person to go home with the child as their attendant. We will pay a maximum of the cost of the transportation minus any redeemable portion of the original ticket.
Travel expenses of family members	Securian Canada's ETA provider will arrange and, if necessary, advance funds for one round-trip economy class ticket for a member of your immediate family to travel from their home to the hospital where you are: • if you are there for more than 7 days in a row, and • if you are travelling alone or you are travelling only with a child who is under 16 or mentally or physically handicapped. We will pay up to $150 a day for the family member to eat and stay at a commercial establishment up to 7 days.
Returning you home (repatriation)	If you die while out of the province where you live, Securian Canada's ETA provider will pay up to $5,000 to do the following: • arrange for all necessary government authorizations. • arrange for the return of your remains in an approved container.

SAMPLE

Returning your vehicle	Securian Canada's ETA provider will arrange and, if necessary, advance funds up to $500 to return a private vehicle to the province where you live or a rental vehicle to the nearest appropriate rental agency if death or a medical emergency prevents you from doing so.
Lost luggage or documents	If your luggage or travel documents become lost or stolen while you are travelling outside of the province where you live, Securian Canada's ETA provider will direct you in how to arrange for replacement of travel documents or who to contact about your lost or stolen luggage. This is a service only. There is no benefit amount payable in the event of lost or stolen luggage or documents.
Limits on advances	Advances will not be made for requests of less than $200. Requests in excess of $200 will be made in full up to a maximum of $10,000.
Reimbursement of expenses	If you obtain confirmation from Securian Canada's ETA provider that you are covered and a medical emergency exists, Securian Canada will reimburse you for services and supplies that you paid for and that are covered by this plan. In this situation, you should do the following: • keep the receipts. • always obtain a fully itemized bill for any hospital treatment. • within 30 days of your return home, complete an Extended Health Care claim form, include original receipts and any itemized bills, and send directly to Securian Canada's ETA provider. Securian Canada's ETA provider's address can be obtained by visiting our Securian Canada Plan Member Services website at *www.my.securiancanada.ca or* by calling Securian Canada toll-free at 1-877-363-2772. Securian Canada's ETA provider will ask you to sign a form authorizing them to act on your behalf with your provincial medicare plan. You must sign and return this form to Securian Canada's ETA provider before your claim can be processed.
Coordination of coverage	If you are covered under this group plan and certain other plans, we will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association. The plan from which you make the first claim will be responsible for managing and assessing the claim. It has the right to recover from the other plans the expenses that exceed its share.
Your responsibility for advances	You will have to reimburse Securian Canada for any of the following amounts advanced by Securian Canada's ETA provider: • any amounts which are or will be reimbursed to you by your provincial medicare plan. • that portion of any amount which exceeds the maximum amount of your coverage under this plan. • amounts paid for services or supplies not covered by this plan. • amounts which are your responsibility, such as deductibles and the percentage of expenses payable by you. Securian Canada will bill you for any outstanding amounts. Payment will be due when the bill is received.

SAMPLE

Limits on Emergency Travel Assistance coverage	There are countries where Securian Canada's ETA provider is not currently available for various reasons. For the latest information, please call Securian Canada's ETA provider before you leave on your trip. Securian Canada's ETA provider reserves the right to suspend, curtail or limit its services in any area, without prior notice, because of: • a rebellion, riot, military up-rising, war, labour disturbance, strike, nuclear accident, terrorism or an act of God. • the refusal of authorities in the country to permit Securian Canada's ETA provider to fully provide service to the best of its ability during any such occurrence.
Liability of Securian Canada or Securian Canada's ETA provider	Neither Securian Canada nor Securian Canada's ETA provider will be liable for the negligence or other wrongful acts or omissions of any physician or other health care professional providing direct services covered under this group plan.

SAMPLE

Dental Care

General description of the coverage

In this section, *you* means the employee, or member and all dependents covered for Dental Care benefits.

Dental Care coverage pays for eligible expenses that you incur for dental procedures provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

For each dental procedure, we will only cover **reasonable and customary charges**. We will not cover more than the fee stated in the Dental Association Fee Guide specified in the Benefit Summary. When a fee guide is not published for a given year, the term fee guide may also mean an adjusted fee guide established by Securian Canada.

Reasonable and customary charges mean:

- charges considered necessary for the treatment and maintenance of a person's oral health, according to standard Canadian dental procedures and practices, and
- charges of a reasonable frequency and duration, as determined by Securian Canada.

We will base payments on the fee guide at the time the person receives the treatment.

To decide what part of a procedure we will pay for:

- we will first find out if you could have had alternate, or other, dental procedures.
- we confirm that these alternate procedures are part of usual and accepted dental work and produced a similar result to the procedure that the dentist performed.

We will only pay the reasonable cost of the least expensive alternate procedure.

For an implant related crown or prosthesis	We will pay the benefit that would have been payable under this plan for a tooth supported crown or a non-implant related prosthesis, respectively. We will take into account any limitations that would have applied if there had been no implant. All other expenses related to implants, including surgery charges, are not covered.
If you receive any temporary dental service	It will be included as part of the final dental procedure used to correct the problem and not as a separate procedure. The fee for the permanent service will be used to determine the reasonable and customary charge for the final dental service.
Claiming when the expense is incurred	You must claim an expense for the calendar year in which you incur the expense. The calendar year is indicated in the Benefit Summary. You incur an expense on the date your dentist performs a single appointment procedure. For procedures which take more than one appointment, you incur an expense once the entire procedure is completed. See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.
Reimbursement level	Claims will be paid up to the reimbursement level under this plan. For each type of service listed below, the reimbursement level is indicated in the Benefit Summary.
Maximum benefit	Maximums are indicated in the Benefit Summary.

SAMPLE

Restriction on payments	If you apply for coverage either for yourself or your dependents more than 31 days after becoming eligible, the maximum amount we will pay is the *late applicant maximum* indicated in the Benefit Summary.
Getting an estimate before you have certain procedures	For any major treatment or any procedure that will cost more than $300, we suggest that you send us an estimate before the work is done. Here's what to expect: • you will send us a completed dental claim form that shows the treatment that the dentist is planning and the cost. • both you and the dentist will have to complete parts of the claim form. • we will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

Your dental services at a glance

Covered expenses	Details / Payment limits
Preventive dental procedures – Your dental benefits include the following procedures used to help prevent dental problems. They are procedures that a dentist performs routinely to help maintain good dental health.	
Oral examinations	• 2 complete examinations every 2 years. • 1 recall examination every 9 months. • emergency or specific examinations.
X-rays	• 1 complete series of x-rays or 1 panoramic x-ray every 2 years. • 1 set of bitewing x-rays every 9 months. • x-rays to diagnose a symptom or examine progress of a certain course of treatment.
Other services	• required consultations between two dentists. • polishing (cleaning of teeth) and topical fluoride treatment once every 9 months. • emergency or palliative services. • diagnostic tests and laboratory examinations. • removing impacted teeth and related anaesthesia. • providing space maintainers for missing primary teeth. • pit and fissure sealants, for children under 19 only. • oral hygiene instruction, once in a person's lifetime.
Basic dental procedures – Your dental benefits include the following procedures used to treat basic dental problems.	
Fillings	• amalgam (silver) and composite or acrylic (white), or equivalent.
Extraction of teeth	• removing teeth, except impacted teeth (Preventive dental procedures).
Basic restorations	• prefabricated metal restorations and repairs to prefabricated metal restorations, other than in conjunction with the placement of permanent crowns, for children under 19 only.
Endodontics	• root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.
Periodontics	• treating disease of the gum and other supporting tissue.

SAMPLE

	• scaling and root planing, up to a combined maximum of 10 units of 15 minutes per calendar year. • occlusal equilibration is covered up to a maximum of 8 units of 15 minutes per calendar year. • maintenance, adjustment and repair to appliances are limited to 2 in a calendar year.
Oral surgery	• surgery and related anaesthesia, other than the removal of impacted teeth (Preventive dental procedures). • fracture, including assisting a surgeon at fracture reduction, up to a maximum of $100 per occurrence.
Repair of dentures	• repair of dentures.
Rebase or reline	• 1 rebase or 1 reline of an existing partial or complete denture per calendar year, per denture.

Major dental procedures – Your dental benefits include the following procedures used to treat major dental problems.	
Major restorations	• onlay, crowns and repairs to crowns, other than prefabricated metal restorations (Basic dental procedures), once every 48 months. Provisional restoration, including lab, lifetime maximum of $50 per person.
Repair of bridges	• repair of bridges.
Prosthodontics	Construction and insertion of bridges or standard dentures, limited to teeth extracted while a person is covered under this provision. We do not consider charges for a replacement bridge or replacement standard denture an eligible expense during the 4 year period after a previous bridge or standard denture is constructed or inserted**, unless either 1. or 2. below is true:** 1. it is needed to replace a bridge or standard denture which has caused temporomandibular joint (TMJ) disturbances and which cannot be economically modified to correct the condition. 2. it is needed to replace a transitional denture which was inserted shortly after teeth were extracted, where the dentist cannot economically get it to the final shape needed.

When coverage ends

See the Benefit Summary at the beginning of this booklet to see when your coverage ends.

Payments after coverage ends

If the Dental Care benefit ends, coverage for dental services to repair natural teeth damaged by an accidental blow will continue, if both of the following apply:

- the accident occurred while you were covered, and
- you have the procedure within 6 months after the date of the accident.

What is not covered

We will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.

We will not pay for services or supplies that are not usually provided to treat a dental problem.

We will not pay for:

- procedures performed primarily to improve appearance.
- the replacement of dental appliances that are lost, misplaced or stolen.
- charges for appointments that you do not keep.

SAMPLE

- charges for completing claim forms.
- services or supplies for which no charge would have been made in the absence of this coverage.
- supplies usually intended for sport or home use, for example, mouthguards.
- procedures or supplies used in full mouth reconstruction (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
- transplants and repositioning of the jaw.
- experimental treatments.

We will also not pay for dental work resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- teeth malformed at birth or during development.
- participation in a criminal offence.

SAMPLE

Long-Term Disability

General description of the coverage

Long-Term Disability coverage provides a benefit if you become totally disabled. You qualify for this benefit if you provide proof of claim acceptable to Securian Canada that confirms both of the following:

- you became totally disabled while covered, and
- you have been following appropriate treatment for the disability since it started.

For the purposes of your Long-Term Disability coverage:

- during the elimination period and the following 24 months (this period is known as the **regular occupation period**), we consider you to be totally disabled while you are continuously unable due to an illness to perform the essential duties of your regular occupation, and
- afterwards, we will consider you to be totally disabled while you are continuously unable due to an illness to perform **any occupation,** for any employer, for which you are or may become reasonably qualified by education, training or experience, and you are not engaged in any gainful occupation.

The availability of work with any employer does not affect the determination of total disability.

We pay these benefits at the end of each month. We base them on your coverage on the date you became totally disabled.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

When disability payments begin	Your Long-Term Disability payments begin **on the later of** the following dates: • after you have been totally disabled for the uninterrupted period indicated in the Benefit Summary. • after the last day benefits are payable under any short-term disability, loss of income or other salary continuation plan. This period, which must be completed before disability benefits become payable is called the **elimination period.**
What we will pay	Here is how we calculate your Long-Term Disability payments. All references to benefits and payments in this disability provision are to the gross amounts before any deductions. Step 1: We take the maximum amount indicated in the Benefit Summary. Step 2: We subtract any benefits or payments provided under: • any government-sponsored plan such as the Canada Pension Plan and the Québec Pension Plan, excluding any benefits or payments on behalf of a dependent, for the same or a subsequent disability. • any Workers' Compensation Act or similar law for the same or a subsequent disability. • a motor vehicle insurance plan. • a group plan, including any coverage you have because you are a member of an association but excluding any benefits or payments provided under a Critical Illness plan. • a retirement or pension plan funded in whole or in part by your employer, due to your disability or a medical condition. • the Québec Parental Insurance Plan. The result from Step 2 is the amount you will normally receive.

SAMPLE

Take the result you got in Step 2, add the above sources of benefits and payments plus the other sources of benefits and payments listed below and check the total you get. If it's more than 100% of your basic earnings when your disability began, we will reduce your Long-Term Disability payment by the excess. If the benefit is non-taxable, your income after income tax is the one we use.

Other sources of benefits and payments:

- any Workers' Compensation Act or similar law for another disability.
- any Criminal Injuries Compensation Act or similar law.

Important to remember:

- If you are eligible for any of the benefits or payments described above and do not apply for them, we will still consider them. We can estimate those benefits and payments and use them when we calculate your Long-Term Disability payments.
- If any of the benefits or payments described above are provided in a lump sum, we will determine the equivalent compensation this represents on a monthly basis using generally accepted accounting principles.
- We will not take into account any benefits or payments that began before your disability began. However, increases in those benefits or payments as a result of your disability will be taken into account.
- We have the right to adjust your Long-Term Disability benefit payments when appropriate under the above provision.

Disability anniversary date

Your disability anniversary date is each anniversary date of the start of a period of disability. The first disability anniversary date will occur 12 months after the date disability started

Interrupted periods of disability after payments begin

If you had a total disability for which we paid Long-Term Disability benefits and total disability reoccurs due to the same or related causes, we will consider it a continuation of your previous disability if it occurs within 180 days of the end of your previous disability.

We will base these benefits on your coverage as it existed on the original date you become totally disabled.

Partial disability and partially disabled

Partial disability and partially disabled mean you are not totally disabled, but able to perform one or more of the duties of your own occupation for less than one-half of the time normally spent in your own occupation.

Partial disability program

Securian Canada may require you to participate in a partial disability program that we have approved in writing.

Following a period where total disability benefits have been paid, while still under the regular care of a licensed Physician, you return to work on a part-time basis for less than one-half of your time normally spent in your regular occupation, partial disability benefits will be payable for a period not exceeding three months at the rate of 50% of the latest monthly benefit paid.

Rehabilitation program

Securian Canada may require you to participate in a rehabilitation program that we have approved in writing.

SAMPLE

If you enter into a rehabilitation program under your physician's supervision, you will continue to receive benefits subject to continuing approval. The benefit you receive will be reduced by only 50% of the remuneration that you receive from the rehabilitation program. However, total income from all sources cannot exceed your pre-disability income. If you again become totally disabled while on a rehabilitation program, you will again receive full benefits.

If you recover damages from another person

We have the right to part of any money you recover through legal action or settlement from another person, organization or company who caused your disability.

If you decide to take legal action, you must comply with the applicable terms of the group contract concerning legal action.

For disability benefits paid or payable prior to the date of judgment or settlement, if you recover money, you must pay us 75% of your net recovery or the total disability benefits paid or payable to you under this plan, whichever is less. For disability benefits payable after a judgment or settlement, where 75% of your net recovery exceeds the amount that we recover for past disability benefits, we have the right to deduct that excess from ongoing disability benefits. Refer to your group contract for more information.

What you are responsible to do

During your total disability, you must make reasonable efforts to do all of the following. If you do not, Securian Canada may hold back or discontinue benefits.

- recover from your disability, including participating in any reasonable treatment or rehabilitation program and accepting any reasonable offer of modified duties from your employer.
- return to your regular occupation during the first 24 months that benefits are payable.
- receive training to qualify for another occupation if it becomes apparent that you will not be able to return to your regular occupation within the first 24 months that benefits are payable.
- try to get work in another occupation after the first 24 months that benefits are payable.
- obtain benefits that may be available from other sources.

When payments end

Your Long-Term Disability payments end **on the earlier of** the following dates:

- the date which you receive 3 months of partial disability payments.
- the date you are no longer totally disabled.
- the end of the maximum benefit period indicated in the Benefit Summary.
- the last day of the month in which you die.

When coverage ends

See the Benefit Summary at the beginning of this booklet to see when your coverage ends.

What is not covered

We will not pay benefits for any period where one or more of the following is true:

- you are not receiving appropriate treatment.
- you do any work for wage or profit except where Securian Canada has approved it in advance.
- you are not participating in an approved partial disability or rehabilitation program, if required by Securian Canada.
- you are absent from Canada longer than 4 months due to any reason, unless Securian Canada agrees in writing in advance to pay benefits during the period.
- you are serving a prison sentence or are confined in a similar institution.

We will not pay benefits for total disability resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries.
- participation in a criminal offence.

SAMPLE

Waiver of premium

Long-Term Disability premiums will be waived while you are receiving Long-Term Disability benefits.

SAMPLE

Member Office Overhead Expense

General description of the coverage

In this section, you means the member covered for Office Overhead Expense benefits.

If, as a result of Illness or Injury you suffer continuous total disability that commences while this booklet is in force and requires the attendance of a Physician, Securian Canada will pay periodically to you, an amount equal to the covered monthly overhead expenses actually incurred by you, as defined below, for each month of such disability, provided, however, that benefit shall not be payable:

- for any expense incurred prior to the end of the elimination period.
- for any period in excess of twelve consecutive months for disability commencing before your 65th birthday.
- for any amount in excess of the monthly benefit as specified in the Benefit Schedule.
- for any period of disability during which you are not under the regular care of a doctor.
- for any period of disability during which you are engaged in any occupation for wage or profit.
- for any period you are not totally disabled.

The amount of benefits payable on account of total disability for a fractional part of a month shall be the lesser of the actual covered monthly overhead expenses or the monthly benefit, divided by the number of days in such month, and the quotient shall be multiplied by the number of days of continuous total disability suffered by you in such month.

The covered monthly overhead expenses hereunder shall consist of the following: rent, electricity, telephone, heat, water, laundry, depreciation, employees' wages or salaries and other such fixed expenses as are normal and customary in the conduct and operation of your studio, but shall not include any salary, fees, drawing account, or any other remuneration for you or any other member of your profession or any person employed to perform your duties, and shall not include the cost of goods, wares or merchandise of any nature or the implements of your occupation, payments on mortgage principal or the cost of automobiles. Taxes and mortgage interest payments, on business premises owned by you and used by you in your profession (but not mortgage amortization payments), shall be included in such covered monthly overhead expenses.

If there is other valid coverage, providing benefits for the same loss on an expense incurred basis, the only liability under any expense incurred coverage of this benefit shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro rata portion for the amount so determined.

Interrupted periods of disability after payments begin

If you had a total disability for which we paid Long-Term Disability benefits and total disability reoccurs due to the same or related causes, we will consider it a continuation of your previous disability if it occurs within 180 days of the end of your previous disability.

We will base these benefits on your coverage as it existed on the original date you become totally disabled.

When payments end

Your Office Overhead Expenses payments end **on the earlier of** the following dates:

- the date you are no longer totally disabled.
- the end of the maximum benefit period indicated in the Benefit Summary.
- the last day of the month in which you die.

When coverage ends

See the Benefit Summary at the beginning of this booklet to see when your coverage ends.

SAMPLE

What is not covered

We will not pay benefits for total disability resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries.
- participation in a criminal offence.

Waiver of premium

Office Overhead Expense premiums will be waived while you are receiving Long-Term Disability benefits.

SAMPLE

Critical Illness

General description of the coverage

Critical Illness coverage provides a benefit if, after the effective date of coverage, and while coverage is in force, you or your spouse have a diagnosis of a covered condition, or you or your spouse have surgery for a covered condition, as indicated below under *What we will pay*.

See the Benefit Summary at the beginning of this booklet to see the amount of coverage and the date coverage ends.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

To qualify for this coverage, the person must be a resident of Canada.

What we will pay	We will pay the Critical Illness benefit if, after the effective date of coverage, and while coverage is in force, you or your spouse have a diagnosis of a covered condition, or you or your spouse have surgery for a covered condition, subject to the survival period. Claims will be assessed based on the Critical Illness provisions in effect on the date of diagnosis or surgery. The Critical Illness benefit is payable only on the first covered condition for which a diagnosis is effective, or surgery is performed, and the person's coverage then terminates. Such person may not become covered again under this benefit. We reserve the right to require examination of the covered person and confirmation of any diagnosis of or surgery for any covered condition, by a medical practitioner appointed by us in order for any Critical Illness benefit to become payable.
Diagnosis	Diagnosis means a written diagnosis by a physician or specialist physician, licensed and practicing in Canada, of the covered condition. Any diagnosis must be made while coverage is in force and will be effective as of the date it is established by the physician or specialist physician, as supported by the covered person's medical records. Any diagnosis of a covered condition that was made prior to the effective date of coverage will not be covered.
Life support	Life support means the covered person is under the regular care of a licensed physician or specialist physician for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred.
Physician	Physician means a legally and professionally qualified medical practitioner practicing in Canada. The physician providing the diagnosis or treating the covered person must not be the covered person, a relative of the covered person, or a person who normally resides in the covered person's household.
Specialist physician	Specialist physician means a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered critical illness condition for which a benefit is being claimed, and who has been certified by a speciality examining board. In the absence or unavailability of a specialist physician, and as approved by Securian Canada, a condition may be diagnosed by a qualified medical practitioner practicing in Canada. The specialist physician providing the diagnosis or treating the covered person must not be the covered person, a relative of the covered person, or a person who normally resides in the covered person's household.

SAMPLE

Surgery	Surgery means a medical operation performed on the covered person and recommended by a physician or specialist physician, licensed and practicing in Canada.
Survival period	Survival period means the period starting on the date of diagnosis of the critical condition and ending 30 days following the date of diagnosis of the critical condition, unless a covered condition described below expressly modifies this definition. The survival period does not include the number of days on life support. The covered person must be alive at the end of the survival period and must not have experienced irreversible cessation of all functions of the brain.
Who we will pay	The Critical Illness benefit is payable to you or, in the event of your death, to your estate.
Changes in coverage	Changes in the amount of coverage or covered conditions may occur as the result of an employment status change or a change in plan design.
Changes in the amount of coverage	If you are not actively working or your spouse is hospitalized on the date a change occurs, refer to *Changes affecting your coverage* in the *General Information* section to understand the effective date of any change to the amount of Critical Illness coverage. The *Pre-existing conditions* provision under *What is not covered* will apply to increased amounts of coverage as described in that provision.
Other changes	If new Critical Illness conditions are added to this plan, the new Critical Illness conditions will only apply to: • employees or members who are actively working; • spouses who are not hospitalized; and • employees or members and spouses already having Critical Illness coverage on the date that the change occurs. The effective date of coverage for the new covered conditions is the date of the change to the plan. If you are not actively working when the change occurs, the change will take effect when you return to active work and such date will be your effective date of coverage for the new covered conditions. If your spouse is hospitalized when the change occurs, the change will take effect when your spouse is discharged and resumes normal activities and such date will be your spouse's effective date of coverage for the new covered conditions. In all instances, we will: • apply the effective date of coverage to determine a person's eligibility for a Critical Illness benefit payment; and • apply the effective date of coverage for the new covered conditions to any exclusions or limitations under this plan, including the *Pre-existing conditions* provision. Such exclusions and limitations will be applied to the new covered conditions even if the explicit wording of this plan provides otherwise, including where proof of good health was previously required for a person's coverage. If the definition of a Critical Illness condition is changed, we will adjudicate any claim for a Critical Illness benefit based on the definition of that Critical Illness condition in effect on the date of the diagnosis or surgery, regardless of whether you were actively working or your spouse was hospitalized on the date of the change. In the event of a change of carrier, the following rules apply to any person who was covered under the previous group contract on the date immediately preceding the effective date of coverage under this plan:

SAMPLE

	• the new plan, including coverage for any new Critical Illness conditions which were not included under the previous carrier's plan, applies to all employees or members and spouses on the effective date of this plan, regardless of whether the employee or member is actively working or the spouse is hospitalized on such date; • for any new Critical Illness conditions referred to above, when applying the *Pre-existing conditions* provision or any other exclusion or limitations of this plan, the effective date of coverage is the effective date of this plan; and • for Critical Illness conditions under this plan which were also covered under the previous carrier's plan, when applying the Pre-existing conditions provision or any other exclusion or limitation of this plan, the effective date of coverage is the date the person most recently became covered under the previous carrier's plan. If a person received a Critical Illness benefit payment under the previous carrier's plan, then such person will not be covered under this plan for that Critical Illness condition for which a benefit payment was already made. Securian Canada is not responsible for any claim where the date of diagnosis or surgery, as applicable, is before the effective date of this plan.
Covered conditions	We provide coverage for any illness, disorder or surgery that is defined below:
Cancer (life-threatening)	Cancer (life-threatening) means a definite diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma. The diagnosis of cancer must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis. Exclusions: No benefit will be payable for a recurrence or metastasis of an original cancer which was diagnosed prior to the effective date of coverage. No benefit will be payable under this condition for the following: • lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumours classified as Ta; • malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis; • any non-melanoma skin cancer, without lymph node or distant metastasis; • prostate cancer classified as T1a or T1b, without lymph node or distant metastasis; • papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis; • chronic lymphocytic leukemia classified less than Rai stage 1; or • malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2. Moratorium Period Exclusion: If, within 90 days following the later of: • the date a person enrols for any amount of coverage; or • the effective date of such amount of coverage, the covered person has any of the following: • signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or • a diagnosis of cancer (covered or excluded under this coverage),

SAMPLE

	no benefit will be payable for cancer for such amount of coverage. In addition, if the person subsequently becomes covered for additional amounts of coverage, no benefit will be payable for cancer for those additional amounts. All other coverage remains in force. The information described above must be reported to us within 6 months of the date of diagnosis. If this information is not provided, we have the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment. If a person's Critical Illness coverage ends but the person is covered again under this benefit, we will use the latest date the person's coverage began when applying the Moratorium Period Exclusion. For the purposes of this benefit, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010. For the purposes of this benefit, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.
Heart attack	Heart attack means a definite diagnosis of the death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following: • heart attack symptoms; • new electrocardiogram (ECG) changes consistent with a heart attack; or • development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. The diagnosis of heart attack must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis. Exclusions: No benefit will be payable under this condition for: • elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or • ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.
Stroke (cerebrovascular accident)	Stroke (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with: • acute onset of new neurological symptoms; and • new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of stroke must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

SAMPLE

	Exclusions: No benefit will be payable under this condition for: • transient ischaemic attacks; • intracerebral vascular events due to trauma; or • lacunar infarcts which do not meet the definition of stroke as described above.

What is not covered

We will not pay for any illness, disorder or surgery not specifically defined under *Covered conditions*.

No benefits are payable for claims resulting directly or indirectly from any of the following:

- intentionally self-inflicted injuries or attempted suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- participation in a criminal offence.
- use of illegal or illicit drugs or substances, misuse of drugs or alcohol.

Pre-existing conditions

For any amount of coverage that:

- did not require proof of good health; and
- has been in effect for less than 12 months under the employer's Critical Illness plan,

no benefits are payable for any covered condition that results from any injury, sickness or medical condition (whether or not diagnosed) for which the covered person, during the 12 months prior to the effective date of such amount of coverage:

- had signs, symptoms, consulted a physician or other health care practitioner; or
- was provided any health-related care, advice or treatment; or
- would have consulted a physician or other health care practitioner, acting as a reasonably prudent person with such injury, sickness, medical condition, signs or symptoms.

If coverage ends but the person is covered again under this benefit, we will use the latest date the person's coverage began when applying the above limitation.

SAMPLE

Life Coverage

General description of the coverage

Your Life coverage provides a benefit for your beneficiary if you die while covered. Your dependents' Life coverage provides a benefit if one of your dependents dies while covered.

See the Benefit Summary at the beginning of this booklet to see the amount of coverage and the date coverage ends.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

Who we will pay	If you die while covered, we will pay the full amount of your benefit to your last named beneficiary on file with us. If you have not named a beneficiary, we will pay the benefit amount to your estate. Anyone can be your beneficiary. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate that the beneficiary is not to be changed. If a dependent dies, we will pay you the benefit for that dependent. For your spouse's optional coverage, we will pay the full amount of the benefit to the last named beneficiary on file with us. If you have not named a beneficiary, we will pay the benefit amount to you. **Fact** A minor cannot personally receive a death benefit under the plan until reaching the age of majority. If the employee/member resides outside Québec and desires to designate a minor as the beneficiary, the employee/member may wish to designate someone else to receive the death benefit in trust for the minor. If a trustee is not designated, applicable legislation may require that a death benefit payable to a minor be paid instead to a court, or guardian or public trustee. If the employee/member resides in Québec and has designated a minor as beneficiary, the death benefit will be paid to the parent(s)/legal guardian of the minor on the minor's behalf. Alternatively (and regardless of whether the employee/member resides outside or in Québec), the employee/member may wish to consider designating the estate (or the spouse's estate in the case of Life coverage for the employee/member's spouse) as beneficiary and provide the executor(s) with directions in the employee/member's (or the spouse's) will as to the entitlement of the minor.
Suicide	If you or your spouse have any coverage that has been in effect for less than 2 years, we will not pay benefits if death is by suicide, regardless of whether you or your spouse have a mental illness or intend or understand the consequences of your actions.
Coverage during total disability	Life coverage may continue without the payment of premiums if you become totally disabled before you retire or reach age 65, whichever is earlier, as long as you are totally disabled. This continued coverage must follow the terms of the contract which were in effect on the date you became totally disabled, including reductions and terminations. There are a number of rules and conditions in the group contract that apply to coverage during total disability. Please contact your plan administrator for details.

SAMPLE

Converting Life coverage

If your Life coverage or your spouse's Life coverage ends or reduces for any reason other than your request, you or your spouse may apply to convert the group Life coverage to an individual Life policy with Securian Canada without providing proof of good health.

Where necessary in order to comply with applicable legislation: If your child's Life coverage ends because your Life coverage has ended, you may apply to convert the group Life coverage for your child to an individual Life policy with Securian Canada without providing proof of good health.

The request must be made within 31 days that the Life coverage reduces or ends.

Important
There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your plan administrator for details.

SAMPLE

Accidental Death and Dismemberment

General description of the coverage

Accidental Death and Dismemberment coverage provides benefits if you or one of your dependents die or suffer any of the losses listed in the table under *What we will pay, and* it is due to an accident that occurs while covered. Any death benefit we will pay under this coverage is in addition to any Life coverage.

See the Benefit Summary at the beginning of this booklet to see the amount of coverage and the date coverage ends.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

What we will pay

We will pay this benefit if you or one of your dependents are in an accident or exposed to the elements and, as a direct result, you or one of your dependents suffer one of the losses listed below within one year of that accident or exposure.

The amount that we will pay is a percentage of the Accidental Death and Dismemberment coverage, as follows:

TABLE OF LOSSES

Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot, and entire sight of one eye	100%
Loss of one arm or one leg	75%
Loss of one hand or one foot	66 2/3%
Loss of thumb and finger on the same hand	25%
Loss of use of both arms or both legs	100%
Loss of use of both hands or both feet	100%
Loss of use of one arm or one leg	75%
Loss of use of one hand or one foot	66 2/3%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of entire sight of one eye	66 2/3%
Loss of speech	66 2/3%
Loss of hearing in both ears	66 2/3%
Loss of hearing in one ear	25%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%

Remember…

- We only pay the largest percentage for injuries to the same limb resulting from the same accident.
- We will only pay up to 100% of the amount of coverage if an accident results in more than one loss.
- Loss of use must be total and must have continued for at least one year. Before we pay the benefit, you must provide proof that the loss is permanent.

SAMPLE

Air travel – Limit on benefit amounts	If more than one person covered by the group contract is eligible for benefits resulting from the same accident, Securian Canada will pay up to a maximum of $1,500,000 for all claims related to the accident.
Exposure/ Disappearance	When due to the disappearance, forced landing, stranding, sinking or wrecking of a conveyance, exposure is considered an accidental bodily injury and disappearance of at least one year, is considered loss of life.
Repatriation benefit	For covered loss of life in another country, up to $2,000 is payable for actual expenses incurred in preparing the deceased for burial or cremation and shipment of the body to the place of burial if it is in a country other than where death occurred.

Coverage during total disability

If you become totally disabled while covered and premiums are no longer payable for Life coverage, this coverage will continue without the payment of premiums, but not past age 65.

Any amount of continued coverage follows the terms of this group plan when your total disability began.

What is not covered

We will not pay for losses that result from **one or more** of the following actions:

- self-inflicted injuries, by firearm or otherwise.
- a drug overdose.
- carbon monoxide inhalation.
- attempted suicide or suicide, regardless of whether the person has a mental illness or intends or understands the consequences of their actions.
- flying in an aircraft, descending from an aircraft or being exposed to any hazard related to an aircraft, while:
- receiving flying lessons.
- performing any duties in connection with the aircraft.
- being flown for a parachute jump.
- a member of the armed forces if the aircraft is under the control of or chartered by the armed forces.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- full-time service in the armed forces of any country.
- participation in a criminal offence.

Converting coverage

If you apply to convert your group Life coverage to an individual Life policy with Securian Canada, you may have an Accidental Death benefit attached to the individual Life policy.

This applies to your spouse’s coverage as well, but this does not apply to your children's coverage.

Important
There are a number of rules and conditions in the group contract that apply to converting this coverage, including the maximum amount that can be converted. Please contact your Plan administrator for details.

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Respecting your privacy

Respecting your privacy is a priority for Securian Canada. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, government agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit *http://www.securiancanada.ca/privacy-statement*.

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Notes

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About Securian Canada

At Securian Canada, we help Canadians build secure tomorrows. We design solutions that help our partners provide coverage to people that traditional insurers don't effectively serve because we believe insurance is for everyone.

We work with our nation's leading banks, credit unions, member organizations and many more partners to deliver insurance solutions for all Canadians, including traditionally underserved populations. Our approach brings together intuitive technology, human insight, and a flexible, collaborative model that creates value for the people and partners we serve.

Established in 1955, Securian Canada is a leading insurance provider that operates as an independent subsidiary of Securian Financial Group, Inc.

For more information, visit securiancanada.ca.

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Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Contracts are underwritten by Canadian Premier Life Insurance Company.

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November 1, 2023