securian CANADA

Canadian Association of Professional Image Creators (CAPIC)
Members and employees

Insurance program for members and employees of CAPIC

Prepared for:

capic

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Helping protect the finances of you and your family

Your choice in career showcases the lengths you'll go to protect your community of creators from copyright infringements. Now is the time to start protecting and investing in your well-being. We're here to help you do just that. In addition to protecting members' rights and interests, the Canadian Association of Professional Image Creators (CAPIC) wants to give you extra value to make your membership more rewarding. That includes helping you look after your family and finances with the CAPIC insurance program. It offers savings thanks to "group" pricing.

Please visit **securiancanada.ca/capic** to learn more.

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

Overview

A quick look at the program

A full array of benefits

...with the advantage of group plan savings.

Exclusive to CAPIC members and employees who meet the following criteria:

- Members in good standing with the CAPIC association
- Employed by and compensated for services by CAPIC or its chartered member
- Actively working at least 30 hours a week
- Between the ages of 18 and 64
- A resident of Canada

Financial protection for yourself and your family at a glance

Type of insurance	Coverage available for
Life	You, your spouse and dependant children
Accidental death and dismemberment (AD&D)	You and your spouse (must have CAPIC life coverage to apply for AD&D coverage)
Long-term disability (LTD)	You
Critical illness (CI)	You and your spouse
Extended health care (EHC) and dental care	You, your spouse and dependant children
Office overhead expense (OOE)	You (must have CAPIC LTD insurance coverage to apply for OOE)

Proof of good health

You'll need to provide proof of good health for some products through a medical questionnaire. For long-term disability insurance, we'll also ask some financial and employment questions.

When coverage begins

Coverage begins on the date Securian Canada approves your application for coverage.

This is a high-level summary of coverage that will become available under the CAPIC plan. You can find the full and final terms and conditions of this coverage in the certificate of insurance and associated group insurance policy. If there are discrepancies, the terms of the policy will prevail.

Life insurance

Life insurance helps you look after the people who count on you, whether that's your partner, your children or your aging parents.

A life insurance benefit is paid out in a lump-sum payment. It provides an important safety net that can help cover mortgage payments, education, legal fees, funeral costs and more. Life insurance can also be used to provide an inheritance or a final donation to a favourite charity.

About the coverage

Coverage available for:

- You, your spouse[1], your dependant children[2]

Coverage amounts:

- You and your spouse can apply from $25,000 to $250,000 of coverage each, in units of $25,000
- Child: $10,000 per child
- Coverage for all of your children costs only $1.60 per month

Extra advantages

Waiver of premium

With this program, if you're totally disabled[3] before age 65, your life insurance continues, but you don't have to pay the premiums. In this case, you'll need to meet all the requirements to show that you're totally disabled.

1. Your spouse by marriage or under any other formal union recognized by law, or a 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 Québec residents, there is no minimum cohabitation period for common-law spouses if a child is born out of their relationship.

Only one person at a time can be covered as your spouse.

2. Your child, other than a foster child, who does not have a spouse and who is: under 21, or age 21 or over but under age 25 (age 26 for employees/members residing in Québec) who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) and is dependant on you for financial support.

A child who becomes disabled before the limiting age and remains continuously disabled, qualifies as long as the child: is incapable of financial self-support because of a disability, depends on you for financial support, and does not have a spouse.

You must provide Securian Canada proof of the above within 6 months of the date the child attains the limiting age.

3. Totally disabled (for life insurance): You will be considered totally disabled while continuously unable, due to an illness, to perform any occupation for any employer, for which you are or may become reasonably qualified for by education, training or experience. However, if you are considered totally disabled under the long-term disability insurance, you are also considered to be totally disabled under the life insurance.

What's the cost?

Life insurance rates – for member/spouse

Monthly rates in units of $25,000

Minimum coverage $25,000

Maximum coverage $250,000

Age band	Non-smoker male	Non-smoker female	Smoker male	Smoker female
to 34	$1.71	$1.34	$2.92	$2.18
35-39	2.21	1.63	4.04	2.78
40-44	3.32	2.57	6.61	4.61
45-49	5.05	3.67	9.93	6.63
50-54	7.51	5.41	14.71	9.54
55-59	12.44	8.74	21.86	15.13
60-65	17.81	12.69	36.89	22.90

Child - dependant life insurance

$10,000 of coverage per child

Single monthly premium of $1.60 covers all eligible children

Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.

Rates are reviewed every year, may change, and will increase as you move into the next age band.

Rates are yearly renewable and subject to provincial tax where applicable.

What's excluded?

If you or your spouse have any coverage that has been in effect for less than two 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.

No benefits are payable for a death due to:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- Injury sustained or illness contracted while in the military services of any country at war, whether such war be declared or undeclared
- Normal pregnancy or childbirth

Accidental death and dismemberment insurance

A serious accident hugely affects your life. You and your family don't need the extra financial worries. Accidental death and dismemberment (AD&D) insurance provides a one-time payment to help your family financially after an accident.

About the coverage

Coverage available for you, your spouse:

- The coverage ranges from $25,000 to $250,000, in units of $25,000
- Your AD&D coverage amount cannot exceed your life coverage amount
- Must have life coverage under the CAPIC insurance program to apply for AD&D coverage

Extra advantages

Coverage for return to home

If you lose your life outside Canada, up to $2,000 is payable for usual and reasonable 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.

Waiver of premium

If you're totally disabled[1] while covered before age 65, your coverage continues, but you don't have to pay the premiums as long as you remain totally disabled.

1 Totally disabled

You will be considered totally disabled while continuously unable, due to an illness, to perform any occupation for any employer, for which you are or may become reasonably qualified for by education, training or experience. However, if you are considered totally disabled under the long-term disability insurance, you are also considered to be totally disabled under the life insurance.

How it works

- The benefit payment is a percentage of the AD&D coverage you've selected, based on the loss suffered (see the table of losses for details)
- A lump-sum payment is paid upon approval of the claim, if you or your spouse suffer a serious injury or die due to an accident

Table of losses	**Amount payable (% of principal sum)**
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 or sight of one eye	66⅔%
Loss of thumb and finger on 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	66⅔%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of speech	66⅔%
Loss of hearing, both ears	66⅔%
Loss of hearing in one ear	25%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%

What's the cost?

Monthly premium per $25,000 benefit

Coverage from $50,000 to $250,000

Rates

Monthly rates are $1.25 per $25,000 of coverage

Rates are yearly renewable and subject to provincial tax where applicable.

What's excluded?

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

- 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 or
  - 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

Long-term disability insurance

Think of long-term disability (LTD) insurance as a safety net. It'll catch you if an illness or accident keeps you from working. You'll have help paying your regular bills, and maybe some of the extra costs that come with a long-term illness. And that can help your finances stay healthy while you heal.

About the coverage

The coverage ranges from $500 to $5000 ($2,500 for employees of a member of the CAPIC association), in units of $250. This is based on your net annual earned income per month.

Extra advantages

Waiver of premium

If you're totally disabled for a full 90 days before age 65 and are receiving LTD benefits, you don't have to pay LTD premiums as long as you remain totally disabled.

Partial benefit when you re-start work

You may qualify for a partial benefit if, right after a period of total disability where you were receiving benefits, you start working part-time and a physician monitors your medical progress. Securian Canada must approve your partial benefit.

The partial benefit is your full monthly benefit, minus 50% of your employment earnings and any other amount payable to you under the Integration of Benefits definition.

Top up for reduced income when you re-start work

You may qualify for a partial benefit if, right after a period of total disability where you were receiving benefits, you start working and a physician monitors your medical progress.

Use the table to find your annual income and the corresponding maximum monthly benefit.

Income ratio guide

Annual income	Monthly benefit amount	Eligibility
Up to $10,000	$500	Member and employee
$10,001-$15,000	$750	Member and employee
$15,001-$20,000	$1,000	Member and employee
$20,001-$25,000	$1,250	Member and employee
$25,001-$30,000	$1,500	Member and employee
$30,001-$35,000	$1,750	Member and employee
$35,001-$40,000	$2,000	Member and employee
$40,001-$45,000	$2,250	Member and employee
$45,001-$50,000	$2,500	Member and employee
$50,001-$57,500	$2,750	Member only
$57,501-$65,000	$3,000	Member only
$65,001-$72,500	$3,250	Member only
$72,501-$80,000	$3,500	Member only
$80,001-$90,000	$3,750	Member only
$90,001-$100,000	$4,000	Member only
$100,001-$110,000	$4,250	Member only
$110,001-$120,000	$4,500	Member only
$120,001-$130,000	$4,750	Member only
$130,001-$140,000	$5,000	Member only

What's the cost?

Long-term disability insurance plan – member only

Monthly minimum coverage $500

Monthly maximum coverage $5,000

Monthly rates in units of $250

Age band	$500	$750	$1,000	$1,250	$1,500	$1,750	$2,000	$2,250	$2,500
to 34	$7.19	$10.79	$14.39	$17.99	$21.58	$25.18	$28.78	$32.37	$35.97
35-39	9.59	14.39	19.18	23.98	28.78	33.57	38.37	43.16	47.96
40-44	16.79	25.18	33.57	41.97	50.36	58.75	67.14	75.54	83.93
45-49	26.38	39.57	52.75	65.95	79.13	92.32	105.51	118.70	131.89
50-54	45.56	68.34	91.23	113.91	136.69	159.47	182.25	205.03	227.83
55-59	59.95	89.93	119.90	149.98	179.85	209.83	239.80	269.78	299.75
60-65	59.95	89.93	119.90	149.98	179.85	209.83	239.80	269.78	299.75

Age band	$2,750	$3,000	$3,250	$3,500	$3,750	$4,000	$4,500	$5,000
to 34	$39.50	$43.16	$46.76	$50.36	$53.96	$57.77	$64.75	$71.94
35-39	52.76	57.55	62.35	67.14	71.94	76.74	86.33	95.92
40-44	92.32	100.72	109.11	117.50	125.90	134.29	151.07	167.86
45-49	145.08	158.27	171.46	184.65	197.84	211.02	237.40	263.78
50-54	259.59	273.37	296.15	318.93	341.72	364.50	410.06	455.37
55-59	329.73	359.70	389.68	419.65	449.59	479.60	539.55	599.50
60-65	329.73	359.70	389.68	419.65	449.59	479.60	539.55	599.50

Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

What's excluded?

Securian Canada will not pay benefits for any period:

- The employee/member is not receiving appropriate treatment
- The employee/member does any work for wage or profit except as approved by Securian Canada
- The employee/member is not participating in an approved partial disability or rehabilitation program, if required by Securian Canada
- The employee/member is on a leave of absence, strike or lay-off except as stated under maternity / parental leave of absence or except where specifically agreed to by Securian Canada
- The employee/member is 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
- The employee/member is serving a prison sentence or is confined in a similar institution

Securian Canada 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

To qualify for the payment of benefits, you must receive appropriate medical treatment, beginning with the onset of the condition involved and continuing throughout both the elimination period and any subsequent benefit period.

To learn more about this coverage, please refer to your certificate of insurance.

Critical illness insurance

Many Canadians may experience a life-threatening illness like a stroke, heart attack or cancer. And some expenses aren't covered by provincial health plans. That could mean dipping into your savings or retirement funds.

Critical illness (CI) insurance provides a lump-sum payment if you're diagnosed with one of three life-threatening conditions - even if you're still able to work. You use it any way you choose, so you can focus on your recovery, not your finances.

About the coverage

The coverage ranges from $50,000 to $300,000, in units of $10,000. Your spouse can apply for the same coverage you choose for yourself.

Conditions covered

Cancer (life-threatening)

Heart attack

Stroke (cerebrovascular accident)

Things to know:

- Coverage is only paid for the first condition you experience
- Diagnosis must be after date of coverage and you must complete a survival period (30 days); Securian Canada must approve your claim
- Additional provisions, exclusions and limitations may apply, including a 12-month pre-existing condition (a medical condition where symptoms appeared or required medical attention, hospitalization or treatment) and 90-day cancer waiting period

Full descriptions of illnesses covered on **page 24** in the critical illness appendix.

What's the cost?

Monthly premium per $10,000 of benefit
Coverage from $50,000 to $300,000, in units of $10,000

Age band	Non-smoker male	Non-smoker female	Smoker male	Smoker female
to 34	$0.70	$0.74	$0.99	$1.16
35-39	1.00	1.15	1.80	2.12
40-44	1.86	2.00	3.91	4.24
45-49	3.28	3.02	7.50	7.29
50-54	5.33	4.18	12.93	11.10
55-59	8.82	5.41	21.89	15.54
60-65	13.99	10.50	34.60	23.78

Rates are calculated based on your age, gender and smoking status as of the Policy Anniversary. Age calculation is made at Policy Anniversary of each year.

Rates are reviewed every year, may change, and will increase as you move into the next age band.

Rates are yearly renewable and subject to provincial tax where applicable.

What's excluded?

Securian Canada will not pay for any illness, disorder or surgery not specifically defined on page 24 in the critical illness appendix.

There are no benefits paid 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, Securian Canada will use the latest date the person's coverage began when applying the above limitation.

Extended health care and dental care insurance

Your association's extended health care (EHC) and dental care insurance package gives you options. The cost of prescription drugs, visiting the optometrist or physiotherapist or a stay in the hospital, can add up. Your association's EHC and dental insurance package covers many basic health costs. And, as a member you can take advantage of group insurance rates.

About the coverage

You can choose single or family coverage.

Qualifying for coverage

Quebec residents must also have health and drug coverage through Régie de l'assurance maladie du Québec (RAMQ). Prescription drug claims have to be submitted first to RAMQ. Your association coverage pays the remaining eligible amount. The RAMQ coinsurance and deductible apply.

If you're covered under this and another plan (for example, a spouse's benefits plan), your association coverage pays according to standard coordination of benefits rules.

Your medical services and equipment at a glance

Medical services and equipment	
Calendar year	January 1 to December 31
Deductible	None

Covered expenses	Details	Payment limits
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 expenses and out-of-province referred expenses		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

Covered expenses	Details	Payment limits
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
Ground/air 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	
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 36 months of the accident	$5,000 per person per accident for a person age 18 or over (unlimited for persons age 17 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	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

Covered expenses	Details	Payment limits
Casts, trusses or crutches		
Splints or braces	Must be prescribed by a doctor	
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 calendar year
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		
Blood glucose monitors		$700 per person, per lifetime
Diabetic supplies		
Cosmetic surgery	Necessary to repair disfigurement due to an injury sustained while insured	
Colostomy supplies		

Your dental services at a glance

A member must also be covered under the extended health care benefit to be eligible for this coverage

Dental care	
Calendar year	January 1 to December 31
Deductible	None
Preventive dental procedures	80% of costs covered
Basic dental procedures	80% of costs covered
Major dental procedures	50% of costs covered
Fee guide	The current fee guide for general practitioners approved by the Dental Association in the employee's province of residence, regardless of where the treatment is received
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

Dental care	
Late applicant	If an employee/member and their dependants do not apply for dental benefits within 31 days of applying for other benefits, they will only be eligible for dental benefits on the first of the on the first of the month following 1 year from the date application for benefits is requested
Termination	When the employee/member retires or reaches age 65, whichever is earlier

What's the cost?

Extended health care and dental care insurance

Monthly rates for all provinces except Quebec

Age band	EHC - Single	EHC - Family	Dental - Single	Dental - Family
to 34	$86.51	$181.63	$116.81	$277.66
35-39	86.51	211.92	116.81	277.66
40-44	99.46	246.53	116.81	277.66
45-49	112.42	290.20	116.81	277.66
50-54	129.72	315.99	116.81	277.66
55-59	168.67	380.58	116.81	277.66
60-65	224.92	467.10	116.81	277.66

Monthly rates for the province of Quebec

Age band	EHC - Single	EHC - Family	Dental - Single	Dental - Family
to 34	$95.73	$200.78	$116.81	$277.66
35-39	95.68	234.40	116.81	277.66
40-44	109.91	273.21	116.81	277.66
45-49	124.34	311.11	116.81	277.66
50-54	143.80	349.37	116.81	277.66
55-59	186.92	385.53	116.81	277.66
60-65	226.57	516.94	116.81	277.66

For Quebec, the plan is second payer to RAMQ or to a group plan.

Age calculation is made at Policy Anniversary of each year.

Rates are reviewed every year, may change, and will increase as you move into the next age band.

Rates are yearly renewable and subject to provincial tax where applicable.

What's excluded?

Prescription drugs:

No benefits are payable 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
- 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

Extended health care:

No benefits are payable 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 orthopedic 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

Securian Canada 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 a covered person was compensated that was not done for the employer who is providing this plan
- Participation in a criminal offence

Dental:

No benefits are payable 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
- Services or supplies that are not usually provided to treat a dental problem
- 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
- 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

Securian Canada 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

Office overhead expense

If you're off sick, you need to know that your bills are paid. Office overhead expense (OOE) insurance helps take care of your bills, so you can take care of yourself.

About the coverage

You can apply for a monthly benefit payment of $500 to $6,000 in units of $100. When you have OOE insurance under another insurance plan, Securian Canada will pay a proportional share of the expenses. Must have LTD coverage under the CAPIC group insurance plan to apply for OOE.

Here's a list of what's covered and not covered under your association's OOE insurance:

What's covered	What's not covered
• Staff salaries/wages • Rent • Heat, water, electricity, telephone • Other fixed expenses normally related to running an office, including taxes and mortgage interest on owned business properties	• Payment for a person to perform your duties in your absence • Cost of goods or merchandise • Implements of your occupation • Cost of automobiles • Mortgage amortization payments, payment on mortgage principal

Extra advantages

Add or reduce your coverage anytime within your maximum

You'll need to make your request in writing to increase your coverage and provide evidence that you are insurable.

Waiver of premium

OOE premiums will be waived while you are receiving long-term disability benefits.

What's the cost?

Office overhead expense insurance

Monthly rates in units of $100

Monthly minimum coverage $500

Monthly maximum coverage $6,000

Age band	
21-39	$1.00
40-49	1.50
50-64	2.00

Age calculation is made at Policy Anniversary of each year.
Rates are reviewed every year, may change, and will increase as you move into the next age band.
Rates are yearly renewable and subject to provincial tax where applicable.

Limitations and exclusions

No benefits are payable for any total disability resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- Injury sustained or illness contracted while in the military services of any country at war, whether such war be declared or undeclared
- Normal pregnancy or childbirth
- Intentionally self-inflicted injuries

When does your coverage end?

Your coverage ends on the earlier of the following dates:

- The date employment/membership ends
- The date you request termination of benefits in writing to Securian Canada
- 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 contract or the benefit provision ends, as specified under Termination of the contract or a benefit provision in the policy
- The date you no longer meet the eligibility requirements as outlined in the policy

A dependant's coverage ends on the earlier of the following dates:

- The date your coverage ends
- The date the dependant ceases to be an eligible dependant
- The end of the period for which premiums have been paid for the dependant's coverage
- The date you request termination of benefits in writing to Securian Canada

However, any benefit may end on an earlier date as specified in your Certificate of insurance.

This brochure provides highlights but not all the details of the CAPIC insurance program. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group insurance policy and certificate of insurance issued by Canadian Premier Life Insurance Company, which operates under the brand name Securian Canada.

How to apply

Protect yourself and your loved ones today

It's important to have the safeguards in place to protect yourself, your family and your finances.

With your association's group rates, the insurance you need is more affordable.

It's easy too...simply visit **securiancanada.ca/capic** to check your options, see the rates and follow these three steps.

Download application → **Fill it out** → **Mail it in**

Apply today – so you can rest easier tomorrow

Have questions?

Please give us a call at **1-877-363-2773**, Monday to Friday from 8 a.m. to 8 p.m. ET.

You can also contact your plan advisor:

Daniel Patullo
647-267-4052
Daniel@33Seven.ca

Appendix for critical illnesses covered

Covered illnesses	Description
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 Insured must survive for 30 days following the date of diagnosis. **Exclusions** No benefit will be payable under this condition for the following: • Lesions described as benign, pre-malignant, uncertain, borderline, noninvasive, 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 exclusions** 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), 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.

Covered illnesses	Description
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 intraarterial 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. **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.

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

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