Police Pensioners Association of Ontario (PPAO)

All members

Contract Number: 140011

Effective: January 1, 2026

Issued: October 30, 2025

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The information in this member benefits certificate 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 and Canadian Premier General Insurance Company.

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Table of Contents

How to Connect with Securian Canada 1
Benefit Summary 2
Making Claims 5
General Information 6
Extended Health Care 11
Dental Care 17
Core Travel 20

SAMPLE

How to Connect with Securian Canada

Questions?

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

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

Plan Member Services

Visit *www.mysecuriancanada.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 contract number and member ID.

Prior Authorization Program

For the form:

- visit our website at *www.my.securiancanada.ca*
- call a Securian Canada Customer Care representative toll-free at 1-877-363-2773

For the list of drugs:

- visit our website at *www.my.securiancanada.ca*

Your Drug Card

Online at *www.my.securiancanada.ca*

All other inquiries

Call 1-877-363-2773

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Benefit Summary

The information contained in this section applies only to benefits insured by Canadian Premier Life Insurance Company (Securian Canada).

Contract Number 140011

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

General Information

We, our and us	Throughout this certificate, *we, our* and *us* mean Securian Canada
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 certificate.

Extended Health Care

Benefit year	January 1 to December 31
Deductible	None
Reimbursement level	
Drug card plan	Included
Prescription drugs	80% Maximum of $2,500 per person per benefit year 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 • injectable drugs and vitamins • compounded preparations, provided that the principal active ingredient is an eligible expense and has a DIN • diabetic supplies • vaccines, up to a maximum of $150 per person per benefit year • colostomy supplies • varicose vein injections There are drugs and treatments that are not covered, even when prescribed. Please refer to the Extended Health Care section of this certificate for details.

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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.
Drug substitution limit	We will not cover charges above the lowest priced equivalent drug unless we specifically approve them. To assess the medical necessity of a higher priced drug, we will require the covered person and the attending doctor to complete and submit an exception form.
In-province hospital and Convalescent hospital	**In-Province Hospital** – 80% of the difference between the cost of a ward and a private room, but not more than $75 per day **Convalescent hospital** – 80% 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 treatment of an illness due to the same or related causes **Overall maximum** – $7,500 per person per benefit year for in-province and convalescence hospital combined.
Medical services and equipment	80% Overall maximum for all services combined – $6,000 per person per benefit year
Paramedical services	80% up to a maximum of $550 per specialist and a combined maximum of $700 per person per benefit year for all the qualified paramedical practitioners listed below: • massage therapists • speech therapists • physiotherapists • naturopaths • acupuncturists • osteopaths or osteopathic practitioners, including a maximum of one x-ray examination each benefit year • chiropractors, including a maximum of one x-ray examination each benefit year • podiatrists or chiropodists, including a maximum of one x-ray examination each benefit year We will also cover 100% of the cost for the services of psychologists, social workers, psychotherapists and psychoanalysts, up to a maximum of $60 per visit and 10 visits per person per benefit year and limited to the combined maximum of $600 per person per benefit year. **Medical Marijuana** - $200 per year, per person. Coverage is provided for medical marijuana, including oils and extracts, topicals, dried cannabis, edible cannabis, concentrates, capsules, and vaporized forms. To be eligible for reimbursement, the insured person must hold a valid prescription issued by a licensed health care practitioner, specifying the appropriate strain and form of medical marijuana for treatment of the diagnosed medical condition. All medical marijuana products must be purchased from a federally licensed seller in accordance with the Cannabis Act (Canada).
Vision care	80% up to a maximum of $300 in any 12 month period for a person under age 18 or in any 24 month period for any other person

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Maximum benefit	Lifetime maximum benefit for Prescription drugs, Medical Services and Equipment, Paramedical Services and Vision Care – $1,000,000 per person
Termination	The date of your death

Dental Care

Benefit year	January 1 to December 31
Deductible	None
Fee guide	The current fee guide for general practitioners in the province where the member lives, regardless of where the treatment is received
Reimbursement level	
Preventive procedures	80%
Basic procedures	80%
Major procedures	50%
Maximum benefit	
Benefit year maximum	$1,500 per person If your coverage starts in the second half of a benefit year, the maximum amount for that benefit year will be reduced by 50%
Late applicant maximum	$100 per person during the first 12 months for all expenses combined
Termination	The date of your death

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Making Claims

The information contained in this section applies only to benefits insured by Canadian Premier Life Insurance Company (Securian Canada).

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	Get the form on our web site or call Securian Canada toll-free at 1-877-363-2773	Up to the earlier of the following dates: • 90 days after the end of the benefit year during which the expense is incurred, or • 90 days after the end of your Extended Health Care coverage.
Dental Care	Get the form on our web site or call Securian Canada toll-free at 1-877-363-2773 The dentist will have to complete a section of the form.	Up to the earlier of the following dates: • 90 days after the end of the benefit year during which the expense is incurred, or • 90 days after the end of your Dental Care coverage. If we consider it necessary, 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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General Information

The information contained in this section applies only to benefits insured by Canadian Premier Life Insuranc e Company (Securian Canada).

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

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

Have questions? Need more information about your benefits? Call Securian Canada toll-free at 1-877-363-2773.

Notice of ten (10) day right to examine coverage	Within ten days after its delivery to the Member, this Certificate may be surrendered by delivering or mailing it to Securian Canada in Toronto, Ontario. Upon such surrender, any premium paid will be returned and the Certificate of Insurance will be deemed void from the Effective Date.
Cost of insurance	The cost of insurance will be based on rates established by Securian Canada and changed from time to tim eby agreement between Securian Canada and PPAO. Rates are reviewed every year. They may change. Renewal notices will be sent to you identifying any changes to rates. Where applicable provincial sales taxes will be added.
Currency	All payments under benefits insured by Securian Canada will be in Canadian dollars.
Who is eligible to receive benefits?	To be eligible for benefits, you must reside in Canada and meet all the following conditions: • you must be between the ages of 55 and 76 at the time of application. • you must be insured by a Government Health Insurance Plan (GHIP). • you must have been a member in good standing of PPAO on the date of your application. • you must have been covered under your employer's or union's group plan on the day preceding retirement or termination of employment, or covered by your employer's sponsored Health Spending Account, within 60 days of your request for coverage. Quebec Residents are required to have prescription drug insurance through the Régie de l'assurance maladie du Québec (RAMQ) or have group drug coverage through a group policy **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. To be eligible for Dental Care coverage under this plan, you must request Dental Care coverage at the time you submit an application for Extended Health Care, and Securian Canada must approve your application.

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Who qualifies as your dependent	Your dependent must be: • your spouse or your child, and • residing in Canada or the United States. **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. 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 members 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. **Call Securian Canada toll-free at 1-877-363-2773 for more on this.**
How to enrol	*For you* – You must complete the proper application form found at *www.my.securiancanada.ca* and send to Securian Canada. *For a dependent* – You must request dependent coverage when completing the proper application form found at *www.my.securiancanada.ca* and send to Securian Canada. If your enrolment request is not received within 60 days of becoming eligible to receive benefits – You will have to provide proof of good health at your own expense.
When coverage begins	Your coverage begins **on the later of** the following dates: • the date you become eligible for coverage. • the date you enroll for coverage. • the first day of the month following the date Securian Canada approves your proof of good health, if required. • the first day of the month following the date Securian Canada approves your proof of good health, if you refused coverage on the effective date you became eligible for coverage and later request coverage. The cost of the proof of good health is your responsibility. 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 first day of the month following the date Securian Canada approves the dependent's proof of good health, if required. • the first day of the month following the date Securian Canada approves the dependent's proof of good health, if you refused coverage on the effective date of your coverage and later request coverage. The cost of the proof of good health is your responsibility.

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Proof of good health	For your coverage, Securian Canada requires proof of good health if your enrolment is received more than 60 days after the later of the following dates: • the day you become eligible for coverage, or • the day you reapply for coverage after the last required premium payment was made. • the day you reapply for coverage that was discontinued due to your request for cancellation. For dependent coverage, Securian Canada requires proof of good health if your enrolment for dependent coverage is received more than 60 days after the later of the following dates: • the day you become eligible for dependent coverage. • the day you reapply for dependent coverage after the last required premium payment was made. • the day you reapply for dependent coverage that was discontinued due to your request for cancellation.
Updating your records	To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to Securian Canada: • change of dependents. • change of name. You must advise Securian Canada in writing within 31 days of a status change. In the event that you fail to advise Securian Canada in writing of your status change, no ref und 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's Customer Care centre toll-free at 1-877-363-2773.
When coverage ends	Your coverage will end on the earlier of the following dates: • 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. 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 certificate.

SAMPLE

If you die while covered by this plan

After you die, coverage may be extended to your spouse and eligible children who were covered under this plan on the date of your death. To continue coverage without proof of good health, your spouse must reapply within 60 days of your date of death. Coverage will begin on the date following your death. If your spouse's application is received 61 days or more after your date of death, proof of good health is required. Coverage begins on the first day of the month following Securian Canada's approval. The cost of any proof of good health required by Securian Canad a is the responsibility of your spouse.

Upon remarriage of your surviving spouse, the new spouse and any dependent children acquired by or resulting from the remarriage will be eligible for coverage, subject to:

- the eligibility provisions for dependents, and
- your new spouse must be under 76.

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

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:

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.

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. 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.

SAMPLE

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

We reserve the right to deny your request for an assignment.

Definitions

Here are the definitions of some terms that appear in this certificate. 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.
Doctor	A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.
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.
Member	A member is a person who is a member in good standing with PPAO and who is a resident of Canada.
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 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.

SAMPLE

Extended Health Care

Insurer

This benefit is insured by Canadian Premier Life Insurance Company (Securian Canada).

General description of the coverage

In this section, *you* means the 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 (see *Prior authorization program* for details).

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

SAMPLE

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 34 day period or, in the case of certain maintenance drugs, in a 100 day period as ordered by a doctor.
What is not covered	We will not pay for the following, even when prescribed: • infant formulas (milk and milk substitutes), minerals, proteins, vitamins and collagen treatments. • the cost of giving injections, serums and vaccines. • treatments for weight loss, including drugs, proteins and food or dietary supplements. • hair growth stimulants. • contraceptives. • 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.
Prior authorization program	The prior authorization (PA) program applies to a limited number of drugs, where you must get approval in advance for coverage under the program. In order for drugs in the PA program to be covered, you need to provide medical information. Please use our PA form to submit this information. Both you and your doctor need to complete parts of the form. You will be eligible for coverage for these drugs if the information you and your doctor provide meets our clinical criteria based on factors such as: • Health Canada Product Monograph. • recognized clinical guidelines. • comparative analysis of the drug cost and its clinical effectiveness. • recommendations by health technology assessment organizations and provinces. • your response to preferred drug therapy. If not, your claim will be declined. See *How to Connect with Securian Canada* at the beginning of this certificate for information on how to obtain our prior authorization forms.

SAMPLE

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. 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.

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	$5,000 per person per benefit year and a lifetime maximum of $25,000
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	

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	
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 • ultrasounds • medical imaging services, including MRIs and CT scans • cognitive brain health screening test	For all medical imaging services combined, $1,000 per person per benefit year $25 per eligible cognitive brain health screening test, subject to a maximum benefit of $50 per covered person per year
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 lifetime. We will only cover up to the fee stated in the *Dental Association Fee Guide* for a general practitioner in the province where the member lives
Ophthalmologist or licensed optometrist	Services of an ophthalmologist or licensed optometrist	$75 per person in any 2 year period
Contact lenses or intraocular lenses	After cataract surgery	One lens per eye, per lifetime
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 $2,500 per person.
Casts, trusses, canes or crutches		$500 per person per benefit year
Compression sleeves	Must be prescribed by a doctor	
Splints or braces	Must be prescribed by a doctor	$500 per person per benefit year
Breast prostheses	Required as a result of surgery	$200 per person per benefit year
Surgical brassieres	Required as a result of surgery	2 brassieres per person per benefit year

SAMPLE

Covered expenses	Details	Payment limits
Artificial limbs and eyes	After the person has been covered continuously under this provision for a period of 12 months	
Stump socks		5 pairs per person per benefit year
Elastic support stockings, including pressure gradient hose	Must be prescribed by a doctor	2 pairs per person per benefit year
Custom-made orthotics for shoes and custom-made orthopaedic shoes or modifications to orthopaedic shoes	Must be prescribed by a doctor, podiatrist or chiropodist	Combined maximum of $200 per person per benefit year
Hearing aids		$500 per person in any 36 month period Repairs are included in this maximum
Oxygen		
Blood glucose monitors		$300 per person in any 5 year period
Continuous Glucose Monitor (CGM) receivers, transmitters or sensors	Only for persons diagnosed with Type 1 diabetes You must provide us with a doctor's note confirming the diagnosis	Combined maximum of $4,000 per person per benefit year
Insulin pumps	Must be prescribed by a doctor	
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 We will not pay for the cost of services rendered by a podiatrist in Ontario unless they are performed after the provincial medicare plan has paid its annual maximum benefit

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

Covered expenses	Details	Payment limits
Vision care		
Contact lenses, eyeglasses or laser eye correction surgery	An ophthalmologist or licensed optometrist must have prescribed contact lenses or eyeglasses You must have received the above from an ophthalmologist, licensed optometrist or optician We will only cover laser eye correction surgery that an ophthalmologist has performed	Up to the reimbursement level indicated in the Benefit Summary We will not pay for sunglasses, magnifying glasses, or safety glasses of any kind, unless they are prescription glasses needed for the correction of vision

When coverage ends

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

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

Dental Care

Insurer

This benefit is insured by Canadian Premier Life Insurance Company (Securian Canada).

General description of the coverage

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

To qualify for this coverage you must be entitled to benefits under the Extended Health Care benefit at time of application.

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.

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 benefit year in which you incur the expense. The benefit 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 certificate 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 60 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 $500, 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	• 1 complete examination every 36 months. • 1 recall examination every 9 months. • emergency or specific examinations.
X-rays	• 1 complete series of x-rays or 1 panaramic every 24 months. • 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. • 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.
Endodontics	• root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.

SAMPLE

Periodontics	• treating disease of the gum and other supporting tissue. • scaling and root planing, up to a combined maximum of 2 units of 15 minutes per benefit year for a child under age 13 or 10 units of 15 minutes per benefit year for any other person.
Oral surgery	• surgery and related anaesthesia, other than the removal of impacted teeth (*Preventive dental procedures*).
Major dental procedures	Your dental benefits include the following procedures used to treat major dental problems.
Major restorations	• inlays and onlays. Crowns and repairs to crowns, other than prefabricated metal restorations (*Basic dental procedures*).

When coverage ends

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

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.
- 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.
- charges related to implants, including surgery charges.
- 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

Core Travel

Insurer

These benefits are underwritten by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company (Securian Canada). These benefits are administered by Securian Canada's ETA provider.

Important information

Travel insurance does not cover everything and includes exclusions, limitations and restrictions, it is important to read ***your*** certificate prior to travelling to ensure ***you*** have the coverage ***you*** require.

This insurance is for ***sudden and unforeseen*** medical emergencies. A ***physician's*** consent to travel does not establish ***your*** medical stability nor override the definition of ***sudden and unforeseen.***

Your medical emergency is not ***sudden and unforeseen***, and therefore ***you*** do not have coverage in the following circumstances:

a) Any ***medical condition*** or surgery for which, in the 90 days prior to ***your***:
   - Departure date
   - Initial booking date (applicable to ***trip cancellation***)*
   - Any payment date (applicable to ***trip cancellation***)*
     - ***You*** contemplated or reasonably foresaw the need to seek or receive ***treatment*** or surgery;
     - ***You*** were awaiting or received the outcome of medical tests (except routine monitoring), the results of which showed irregularities or abnormalities;
     - ***You*** required future investigation of ***your medical condition*** (except routine monitoring), consultation with a ***physician***, or ***treatment*** or surgery recommended by a ***physician*** and/or planned before ***your trip;***
     - ***You*** were admitted to a ***hospital*** for a period of at least 24 hours.

b) Any medical condition for which you were advised by a physician not to travel.

*Under Trip Cancellation, trip payments made when your condition did not fall under any of the points described above will be considered for reimbursement.

All limits shown within this certificate are the maximums payable per insured person in Canadian currency, unless otherwise indicated.

In the event of discrepancies or omissions between this certificate and the policy, Police Pensioners Association of Ontario Plan (***PPAO***), or a third party acting on ***PPAO***'s behalf, shall only be obligated to pay benefits in accordance with the provisions of the policy.

This certificate provides a summary of the ***PPAO*** Group Insurance Out-of-Province/Canada Travel Plan and is not a valid contract. Possession of this certificate does not represent entitlement to benefits under any of the coverage described within. All descriptions of the benefits are governed by master policies held by ***PPAO***. If there are any discrepancies between the master policy and the information in this certificate, the master policy will take precedence. The master policy determines ***your*** eligibility for coverage and ***your*** rights to any benefit payment. ***PPAO*** reserves the right to make changes in the benefit provisions and administrative processes at any time and is not responsible for any government actions implemented that may impact on these plans.

SAMPLE

Your provincial ***government health insurance plan*** must be in effect in order for ***PPAO*** Group Insurance Plan coverage to apply.

Terms shown in ***bold italics*** have defined meanings that are specific to ***your*** certificate. Please refer to the section titled Definitions.

This certificate contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

Before you travel proof of departure

It is recommended ***you*** obtain proof of ***your*** departure from ***your*** province of residence each time ***you*** travel. In the event ***you*** need to make a claim, documented proof of ***your departure date*** is required by the ***insurer.*** If travelling with ***your*** spouse each person must have their own proof of departure. ***Dependent children*** travelling alone will require their own proof of departure, ***dependent children*** travelling with their parents by ***vehicle***, proof of the parent's ***departure date*** is sufficient.

For more details on eligible proof of departure documentation, please refer to the section titled The Claims Process.

In a medical emergency

If ***you*** have a ***medical emergency***, ***you*** or someone on ***your*** behalf must notify the Company's ETA Provider within 24 hours of admission to a ***hospital*** and before any surgery is performed.

If ***you*** do not contact Company's ETA provider without reasonable cause, then the ***insurer*** will pay 80% of the eligible claim expenses. ***You*** will be responsible for the remaining 20% of the claim payable as well as any expenses that are not payable by the ***insurer***.

The Company's ETA Provider Emergency Assistance is available 24 hours a day, 365 days a year and can be reached by calling:
Toll-free: 1-888-852-2419

Effective and expiry dates

Coverage begins on the later of the date:
- ***your PPAO*** Extended Health Care and Dental Plan is accepted and coverage begins; or
- you exit your province of residence.

Coverage ends the earliest of:
- the date ***you*** no longer meet the eligibility requirements;
- the date ***you*** are no longer eligible under ***PPAO*** Extended Health Care and Dental Plan; or
- the 93rd day after exiting ***your*** province of residence;

The travel plan

You and ***your*** eligible dependents insured under the ***PPAO*** Extended Health Care and Dental Plan have Out-of-Province/Canada Travel coverage for an unlimited number of ***trips*** per year of up to 92 days per ***trip***, including the ***departure date*** and ***return date.***

For *your* travel coverage to be in force, *you* must be insured under the *PPAO* Extended Health Care and Dental Plan and be in *your* province of residence the day *your trip* begins.

Premiums	Premiums will be deducted in equal monthly installments from ***your*** bank account until the last deduction date in the policy year, which is in December.
Cancellation of coverage	***You*** must submit your Cancellation Request to Securian Canada in writing. ***Your*** coverage under this policy will end at the end of the month in which the Cancellation Request was received by Securian Canada. Travel coverage will terminate on this date, if ***you*** are travelling at this time ensure ***you*** have additional coverage for ***your trip*** duration.

SAMPLE

Assistance services

Trip assistance	Can provide useful information prior to leaving on ***your trip***. Some information that can be provided: • Travel advisories for the regions ***you*** will be visiting; • Required inoculations; • Local currencies; • Visa requirements.
Lost document and ticket replacement	Assistance replacing necessary travel documents and/or tickets in the event of theft or loss. The cost of obtaining replacement documents is ***your*** responsibility.
Legal referral	Referral to a local legal advisor and/or assistance with arranging for advances f rom ***your*** personal credit card and/or arranging for family and friends to post bail and pay legal fees. All expenses are ***your*** responsibility.
Interpreter service	The Company's ETA provider offers interpretation services in most major languages in the event of a ***medical emergency.***
Message service	Telephone messages will be held for 15 days by the Company's ETA provider to/from ***you*** or ***your*** dependents while travelling.

Definitions

Commercial accommodation	Means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online marketplace or homestay network.
Common carrier	Means any land, air or water conveyance, licensed to carry passengers for compensation or hire.

Dependent children	Means natural, adopted, step or ward children of the member or member's spouse and must be:
	• unmarried, not employed on a regular and full-time basis, and under 21 years of age;
	• an unmarried child under age 30 dependent on the member for support and enrolled at an accredited post-secondary institution as a full-time student. This includes students attending school outside their normal province of residence in Canada. **The member must provide the administrator with a confirmation of full-time student status each year.**
	• any functionally impaired child who was insured as a dependent will remain insured beyond any limiting age for dependents. For the purposes of insurance, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired who, as a direct result of the functional impairment, is:
	  ○ incapable of financial self-support because of a disability;
	  ○ depends on the member for financial support; and
	  ○ does not have a spouse.

Departure date	Means the calendar day ***you*** exit ***your*** province or territory of residence.
Eligible expenses	Means any reasonable and customary expenses incurred arising from a ***medical emergency*** while on an insured ***trip*** outside ***your*** province or territory of residence. Expenses are in excess of any medical expenses payable by ***your government health insurance plan***, or any other insurance plan, for medically required emergency ***treatment*** occurring while on a ***trip***.

SAMPLE

Extended family member	Means ***your*** spouse, parent, step parent, parent-in-law, child, step child, daughter-in-law, son-in-law, guardian, grandparent, brother, step brother, brother-in-law, sister, step sister, sister-in-law, grandchild, aunt, uncle, nephew or niece.
Government health insurance plan	Means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.
Hospital	Means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and ***physician*** always on duty and an operating room where surgical operations are performed by a ***physician***. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts or alcoholics.
Incident date	Means the first date ***you*** exhibit signs or symptoms and/or sought ***treatment*** for a ***medical condition,*** sickness or injury or the date the non-medical cause of cancellation, interruption, delay or loss originated.
Medical condition	Means a sickness or injury (or a condition relating to that sickness or injury), including disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks of pregnancy.
Medical Emergency	Means a ***sudden and unforeseen*** sickness or injury occurring during a ***trip***, which requires immediate intervention by a ***physician*** or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that ***you*** are able to continue ***your trip*** or return to ***your*** place of ordinary residence in Canada.
Nurse practitioner	Means a person licensed to practice as a nurse practitioner or equivalent designation in the jurisdiction where the ***treatment*** is provided, and has the ability to individually diagnose and treat patients, order and interpret tests and prescribe medication, within the scope of such license. A nurse practitioner cannot be related to ***you*** by either blood or marriage.
Physician	Means a person other than ***you***, who is legally qualified and licensed to practice medicine or perf orm surgery in the location where the services are performed. This person cannot be related to ***you*** by blood or marriage.
Physician assistant	Means a person licensed to practice as a physician assistant or equivalent designation in the jurisdiction where the ***treatment*** is provided, and has the ability to complete ***physician*** duties and prescribe medications as designated by the supervising ***physician***. A physician assistant cannot be related to ***you*** by either blood or marriage.
PPAO	Means Police Pensioners Association of Ontario
Refund(s)	Means cash, credit, or a voucher for future travel that ***you*** are eligible to receive f rom a travel supplier, or any credit, recovery, or reimbursement ***you*** are eligible to receive f rom ***your*** employer, another insurance company, a credit card issuer, or any other entity.
Return date	Means the calendar day ***you*** are scheduled to return to ***your*** province or territory of residence.

SAMPLE

Sudden and unforeseen	Means a ***medical condition*** that excludes the following from coverage: a) Any ***medical condition*** or surgery for which, in the 90 days prior to ***your***: ○ Departure date ○ Initial booking date (applicable to ***trip cancellation***)* ○ Any payment date (applicable to ***trip cancellation***)* • ***You*** contemplated or reasonably foresaw the need to seek or receive ***treatment*** or surgery; • ***You*** were awaiting or received the outcome of medical tests (except routine monitoring), the results of which showed irregularities or abnormalities; • ***You*** required future investigation of ***your medical condition*** (except routine monitoring), consultation with a ***physician***, or ***treatment*** or surgery recommended by a ***physician*** and/or planned before ***your trip***; • ***You*** were admitted to a ***hospital*** for a period of at least 24 hours. b) Any ***medical condition*** for which ***you*** were advised by a ***physician*** not to travel. * Under ***Trip Cancellation***, ***trip*** payments made when ***your*** condition did not fall under any of the points described above will be considered for reimbursement.
Treatment	Means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a ***physician*** including, but not limited to, prescribed medication, investigative testing or surgery.
Trip	Means a defined period of travel outside ***your*** province of residence while this insurance is in effect.
Trip cancellation	Means ***your trip*** is cancelled prior to ***your departure date*** due to a Covered Reason.
Trip delay	Means ***your*** scheduled ***return date*** is delayed due to a Covered Reason.
Trip interruption	Means ***your trip*** is interrupted, after ***your departure date*** and prior to ***your*** scheduled ***return date,*** due to a Covered Reason.
Vehicle	Means a private automobile, motorcycle, van, trailer, or motor home either owned or rented by ***you***.
You/Your	Means an insured person under this insurance for whom the required premium has been paid.

Out-of-province/Canada travel benefit

Your coverage includes	Eligible emergency medical expenses incurred due to a ***sudden and unforeseen*** accident or ***medical emergency*** when the ***incident date*** occurs while travelling outside ***your*** province or territory of residence. Coverage is worldwide except within ***your*** province or territory of residence. ***Eligible expenses*** will be reimbursed to a maximum of $2 million. Emergency expenses must be reasonable and customary for the area in which they are incurred and in excess of the amount eligible for reimbursement by ***your government health insurance plan***. It is ***your*** responsibility to ensure that ***you*** are familiar with ***your government health insurance plan's*** requirements and ***you*** maintain ***your*** provincial health insurance coverage.

SAMPLE

Return to Canada	If the attending ***physician*** confirms that ***you*** are f it to travel and able to wait to have ***treatment*** done, the Company's ETA provider will arrange for ***your*** return to ***your*** province of residence for ***treatment***.
Automatic extension of coverage	If on ***your*** scheduled ***return date you***, ***your*** travelling companion or ***extended family member*** travelling with ***you*** is confined to a ***hospital*** due to an emergency, coverage will be extended beyond ***your*** scheduled ***return date***, up to 72 hours following discharge f rom ***hospital***. Automatic extension of coverage up to 72 hours also applies when: a) The delay of a ***common carrier*** that ***you*** are a passenger causes ***you*** to miss ***your*** scheduled return to ***your*** province of residence; b) The personal ***vehicle*** that ***you*** are travelling is involved in an accident or mechanical breakdown and prevents ***you*** f rom returning to ***your*** province of residence on or before ***your*** scheduled ***return date***; or c) ***You*** must delay ***your return date*** to ***your*** province of residence, by the personal means of transportation in which ***you*** are travelling, due to extreme weather conditions.

Travel emergency medical benefits

Emergency medical expenses	This benefit covers the cost of ***emergency medical treatment*** for the following: a) **Hospital:** In-patient ***hospital*** charges up to the cost of semi-private accommodation, when approved in advance by the Company's ETA provider; b) **Physician**: Reasonable and customary charges by ***physicians*** and surgeons, ***nurse practitioners*** and ***physician's assistants*** for services rendered for emergency ***treatment***. Visits to a specialist must be approved in advance by the Company's ETA provider; c) **Private Duty Nursing:** When approved in advance by the Company's ETA provider, out- of-hospital services of a registered nurse who is not related to ***you*** by blood or marriage, to an annual maximum of $5,000 per insured person; d) **Drugs**: Drugs or medications which require a written prescription f rom a ***physician***, dentist or practitioner legally qualified to prescribe up to a maximum of a 30 day supply when not hospitalized; e) **Diagnostic Lab and X-ray Services**: When performed at the time of the initial emergency, lab tests and/or X-ray examinations as ordered by a ***physician*** for the purpose of diagnosis. f) **Medical Appliances:** Rental of a wheelchair, cane and crutches when ordered by a ***physician***; and are medically necessary and not exceeding the purchase price. g) **Paramedical Practitioners**: Services of a chiropractor, podiatrist or chiropodist to an annual maximum of $225 per insured person for each type of practitioner. Services of a physiotherapist to an annual maximum of $300 per insured person, when required for emergency ***treatment***. A ***physician*** referral is required. h) **Emergency Medical Transportation:** Covers the cost of licensed ground or air ambulance for emergency transport to the nearest medical facility able to provide ***treatment***; and

SAMPLE

	If ***your medical condition*** requires ***you*** to return home with a medical attendant, as advised by ***your physician***: ○ Excess return fare (air, bus or train) over and above your regular fare for your return by the most direct route to your normal place of residence, including any additional seats required to accommodate you if on a stretcher; and ○ One round-trip fare for a medical attendant who is not related to ***you*** by blood or marriage. Any transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be approved and arranged by the Company's ETA provider**.**
Transportation to the bedside	Transportation costs for one ***extended family member*** in the event: a) ***you*** are admitted to a ***hospital*** for at least seven (7) consecutive days and travelling without an ***extended family member;*** or b) ***you*** and an ***extended family member***, with whom ***you*** have been travelling, are both are admitted to a ***hospital*** for at least ***seven*** (7) consecutive days. For benefits to be payable, ***your*** attending ***physician*** must confirm in writing that ***your*** medical situation is serious enough to warrant the visit. NOTE: ***Your extended family member*** travelling to be at ***you*** bedside is limited to reimbursement for Transportation to Bedside under this insurance. ***Your extended family member*** should purchase their own insurance.
Return of dependent child(ren) with escort	If ***dependent children*** or grandchildren are travelling with ***you*** on the same ***trip*** and are left unattended due to ***your*** hospitalization, or ***your*** return to Canada because of a ***medical emergency***, this benefit will arrange for and cover one-way economy transportation or the cost of any unused prepaid travel arrangements for the return of children by the most direct route to their normal place of residence.
Repatriation	If ***you*** die, the cost of burial at the place of death (including cremation), or repatriation (including cremation) and transportation of ***your*** remains to ***your*** province or territory of residence will be reimbursed up to a maximum of $5,000. If travelling without an ***extended family member*** this benefit will also pay for the transportation costs for one ***extended family member*** to identify a deceased insured person prior to release of the body (where necessary). The cost of a burial coffin or urn is not covered under this benefit.
Vehicle return benefit	When approved in advance by the Company's ETA provider, reimbursement up to a maximum of $2,000 for arrangements for the return of one ***vehicle*** per insured person to ***your*** normal place of residence or nearest appropriate car rental agency (if applicable). ***You*** must be unable to operate the ***vehicle*** due to sickness, injury or death. If ***your vehicle*** is returned by a friend or ***extended family member*** (not travelling with ***you***), only expenses over and above those ***you*** normally would have incurred on ***your trip*** home will be covered (original receipts must be provided for expenses to be reimbursed). A friend or ***extended family member's*** time, wear and tear on ***your vehicle***, mileage, and fuel, are not covered expenses.
Additional commercial accommodation and meal expenses	Additional ***commercial accommodation*** and meal expenses incurred by ***you*** and/or ***your*** travelling companion due to ***your*** hospitalization, are eligible to an overall combined daily limit of $150 for no more than 10 days.

SAMPLE

Surviving spouse support	In the event of ***your*** death or ***your*** spouse while travelling, the plan will allow for one economy round-***trip*** fare to a maximum of $1,500 for one ***extended family member*** or a companion to accompany the surviving spouse insured under this plan on their return ***trip*** home to their province of residence. NOTE: ***Your extended family member*** should purchase their own insurance.
Guide dog return	One-way transportation for the return of ***your*** working/guide dog to ***your*** province of residence up to a maximum of $500 per ***trip***. The benefit is payable in the event ***you*** must return home as a result of ***medical emergency*** while travelling.
Emergency dental expenses	The plan provides coverage for the following: a) Up to a maximum of $1,000 for necessary dental treatment required as the direct result of an external blow to the mouth resulting in accidental damage to natural and artificial teeth. Services must be performed by a licensed dentist or dental surgeon. Chewing accidents are not covered. b) This plan provides up to a maximum of $300 for the immediate relief of acute dental pain caused by other than a direct blow to the face and that ***you*** have not previously received ***treatment*** or advice. Treatment relating to any dental claim must begin within 48 hours after the onset of the emergency and must be completed during ***your trip*** and before ***you*** return to ***your*** province of residence. ***Your*** claim must be accompanied by one or more of the following: a) an official police or accident report; b) a report from a licensed dentist, dental surgeon or ***physician***, including X-rays; or c) a ***hospital*** or medical facility report.

Travel emergency medical exclusions

The Travel Emergency Medical Benefits do not cover any expenses incurred directly or indirectly as a result of or for the following

1. Services or ***treatment*** received outside ***your*** province of residence, including outside Canada, deemed not ***sudden and unforeseen*** as per the definition noted in this certificate;
2. Travel for health reasons, to seek medical care, opinion, ***treatment*** or surgery, outside ***your*** province of residence, whether or not recommended by a ***physician***;
3. Routine medical care;
4. The continued ***treatment***, recurrence, investigation or complications of a ***medical condition*** following emergency ***treatment*** for that ***medical condition*** during ***your trip***, if the medical advisors of the Company's ETA provider determine ***you*** were medically able to return to ***your*** province of residence and ***you*** chose not to return and/or a limitation of benefits was issued by the Company's ETA provider;
5. Invasive testing or surgery (including, but not limited to, cardiac catheterization, angioplasty, and MRI) unless approved by the Company's ETA provider prior to being performed;
6. Any transplants including, but not limited to, organ transplants and bone marrow transplants;
7. Over-the-counter drugs, refill prescription medication, eyeglasses, contact lenses or hearing aids while out-of-province/Canada;
8. Travelling against the advice of a ***physician***;
9. An emergency and/or event that requires ***you*** to submit a claim that occurs while the coverage is not in force;
10. Medical services that are not medically necessary or cosmetic surgery;

SAMPLE

11. Emotional or mental disorders unless ***you*** are hospitalized for that condition;
12. Intentional self-inflicted injury, suicide or attempted suicide;
13. Sickness relating to abuse or chronic use of alcohol or any other intoxicant;
14. Non-compliance with prescribed medical ***treatment*** or medical therapy, or misuse of medication;
15. A motor vehicle accident while impaired by alcohol with an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood; or
16. Air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire;
17. Any sickness or injury when occurring in a city, region, or country for which the Canadian government issued a travel advisory to avoid all travel, or to avoid non-essential travel, to that city, region, or country, prior to the ***departure date*** and such sickness or injury is due to, contributed to by, or resulting from the reason for the warning. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***.
18. ***Your*** participation as a professional athlete in a sporting event and/ or participation in hazardous or risky activities (motorized race or speed contest, bungee jumping, parachuting, parasailing, rock climbing, mountain climbing, hang-gliding, skydiving or scuba diving without appropriate certification);
19. Act of foreign enemies or rebellion, and voluntary exposure to risk from an act of war (declared or not), service in the armed forces of any country, or voluntarily participating in a riot or civil disorder, or hostilities of any kind;
20. Insurrection or riot, war or act of war (whether declared or undeclared), service in the armed forces of any country, or hostilities of any kind;
21. Committing or attempting an assault or criminal offence.
22. Nuclear occurrence, however caused.

Trip cancellation and interruption/delay benefits

Trip cancellation	Covers up to $6,000 for the prepaid, non-refundable portion of ***your*** travel arrangements for ***trips*** that were booked prior to ***your*** departure from ***your*** province of residence. ***Trip cancellation*** claims must be reported to the Company's ETA provider at the number provided on your card before the ***departure date*** from ***your*** province of residence and within 48 hours of the ***incident date*** causing the cancellation.
Trip interruption/delay	Covers up to $6,000 for the extra cost of a one-way economy fare and the cost of any unused prepaid land arrangements to enable ***you*** to return to ***your*** province of residence or rejoin the ***trip***. **Trip Interruption/Delay** claims must be reported within 48 hours of the ***incident date*** to the Company's ETA provider at the number provided on your card.
Covered reasons	Benefits are payable if the scheduled ***trip*** is cancelled/interrupted/delayed as a result of: a) ***Your*** unexpected death, emergency sickness or bodily injury due to accident; b) Unexpected death, emergency sickness or bodily injury due to accident of ***your extended family member***, ***your*** travelling companion, or a member of ***your*** travelling companion's immediate family (spouse, child or step-child); c) A travel advisory issued by the Canadian government advising to avoid all travel or avoid all non-essential travel to a city, region or country. The advisory must be issued after the purchase of ***your*** travel arrangements and ***you*** must have prepaid arrangements for that location during the time the travel advisory is in place to be eligible for this benefit. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***.

SAMPLE

d) ***Your*** unexpected death, emergency sickness or bodily injury due to accident;

e) Unexpected death, emergency sickness or bodily injury due to accident of ***your extended family member***, ***your*** travelling companion, or a member of ***your*** travelling companion's immediate family (spouse, child or step-child);

f) A travel advisory issued by the Canadian government advising to avoid all travel or avoid all non-essential travel to a city, region or country. The advisory must be issued after the purchase of ***your*** travel arrangements and ***you*** must have prepaid arrangements for that location during the time the travel advisory is in place to be eligible for this benefit. This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***.

g) ***You*** are unexpectedly called for jury duty or are subpoenaed as a witness, or have to appear as a defendant in a civil suit;

h) Damage to ***your*** principal residence by a disaster making it uninhabitable;

i) A natural disaster at ***your*** destination;

j) ***Your*** medical quarantine for a communicable disease diagnosed and recommended by a licensed ***physician***; or

k) A missed flight or cruise from the scheduled departure point due to delay of the ***common carrier*** as a result of inclement weather conditions, mechanical failure, traffic accident or flight delay.

For the purposes of ***Trip Cancellation*** **only**, benefits are payable due to:

a) Refusal of ***your*** application for a visa, provided documentation shows ***you*** were eligible to apply, and refusal was not due to late application, or a subsequent attempt for a visa that had been previously refused.

To be eligible for reimbursement under ***Trip Cancellation, Trip Interruption/Delay you*** must provide the Company's ETA provider with the following documentation

a) A statement from the attending ***physician*** advising ***you*** cannot travel including the ***incident date*** and diagnosis. This statement must be issued prior to the cancellation, interruption or delay of ***your trip***.

b) Documentation supporting the emergency situation that resulted in the cancellation or interruption/delay.

c) Proof that travel arrangements are non-refundable and non-transferable, photocopies of receipts/unused tickets and receipts/coupons for any additional transport costs incurred.

d) Any other information requested by the Company's ETA provider to support ***your*** claim.

Trip cancellation and interruption/delay exclusions

The ***Trip Cancellation, Trip Interruption/Delay*** Benefits do not cover any expenses incurred directly or indirectly as a result of or for the following:

1. ***Trip Cancellation*** Benefits are not payable for any event which, on the travel arrangements purchase date was known to ***you*** or likely to occur, and could reasonably have been expected to prevent ***you*** from travelling as booked or was not ***sudden and unforeseen.***
2. ***Trip Interruption and Trip Delay*** Benefits are not payable for any event which, on the ***departure date*** was known to ***you*** or likely to occur, and was not ***sudden and unforeseen***, and ***your*** early or delayed return could reasonably have been expected.
3. ***Trip Cancellations, Trip Interruptions*** or ***Trip Delays*** as a result of travelling for health reasons, to seek medical care, opinion, ***treatment*** or surgery (including transplants), outside ***your*** province of residence, whether or not recommended by a ***physician***;

SAMPLE

4. Emotional or mental disorders unless ***you*** are hospitalized for that condition.
5. Travelling against the advice of a ***physician***;
6. An emergency and/or event that requires ***you*** to submit a claim that occurs while the coverage is not in force;
7. Benefits are not payable for loss or costs incurred due to, contributed to by, or resulting from any event for which the Canadian government issued a travel advisory stating to avoid all travel or non-essential travel to a city, region, or country, prior to:
   - ***Trip Cancellation***: the purchase date of the travel arrangements;
   - Trip Interruption: the departure date;

   This includes written warnings to avoid non-essential travel, or to avoid all travel, on a ***common carrier***.
8. Any expenses related to airline strikes or bankruptcy of a business;
9. Point program redemptions of any type, (e.g., AIR MILES® reward miles, Aeroplan®, timeshare points/weeks) used to purchase items or services and any charges to reinstate the points;
10. Charges for maintenance, exchange or timeshare fees;
11. Act of foreign enemies or rebellion, and voluntary exposure to risk from an act of war (declared or not), service in the armed forces of any country, or voluntarily participating in a riot or civil disorder, or hostilities of any kind;
12. Insurrection or riot, war or act of war (whether declared or undeclared), service in the armed forces of any country, or hostilities of any kind;
13. Committing or attempting an assault or criminal offence.

In a medical emergency

If ***you*** have a ***medical emergency***, ***you*** or someone on ***your*** behalf must notify the Company's ETA provider within 24 hours of admission to a ***hospital*** and before any surgery is performed.

If ***you*** do not contact the Company's ETA provider within 24 hours without reasonable cause, then the ***insurer*** will pay 80% of the claim payable. ***You*** will be responsible for the remaining 20% of the claim payable as well as any expenses that are not payable by the ***insurer***.

The Company's ETA provider is available 24 hours a day, 365 days a year and can be reached by calling:

Toll-free: 1-888-852-2419

When ***you*** call, ***you*** will need:
- Certificate number (ID#) on ***your*** Benefits Card
- Government health insurance plan number
- the Company's ETA provider identification number (ID#) 140011

Your well-being is the first priority. The Company's ETA provider's health care professionals will evaluate ***you*** and ***your*** condition and will refer ***you*** to the nearest ***physician***, pharmacist, dentist or medical facility that can provide appropriate care for ***you***. If ***you*** are hospitalized, the Company's ETA provider's medical staff will monitor the care and the services provided. They will consult, as often as necessary, with ***you***, ***your*** treating ***physician(s), your*** family and ***your physician(s)*** in Canada.

the Company's ETA provider will confirm ***your*** coverage, validate ***your*** claims based on the reasonable and customary charges for the area, translate any billings (as required), arrange payment on ***your*** behalf and coordinate the recovery of ***eligible expenses*** from ***your government health insurance plan.***

Following emergency ***treatment*** of a ***medical condition*** during a ***trip***, the Company's ETA provider, in consultation with ***your physician***, will determine if ***you*** must return to Canada for continued ***treatment***. If ***you*** choose not to return to Canada, the Company's ETA provider will issue a limitation of benefits and no payments will be made for the continued ***treatment***, recurrence or complications arising from the same or related ***medical condition.*** Coverage, however, will remain in effect for unrelated emergencies.

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The claims process

the Company's ETA provider will provide ***you*** with the necessary claim forms to begin the claims process. the Company's ETA provider will request medical records from ***your physicians*** in Canada to determine whether the ***medical emergency*** is ***sudden and unforeseen*** according to ***PPAO*** Group Insurance Out-of-Province/Canada Travel certificate. Obtaining this information takes time and in some cases months. ***You*** may want to consider contacting ***your physician*** to expedite the process. ***You*** will need to submit itemized receipts and bills for eligible out-of-pocket expenses ***you*** may have incurred.

NOTE: All forms and receipts relating directly to Out-of-Province/Country claims should be sent to the Company's ETA provider.

All claims will be reviewed and are subject to the terms and conditions of the certificate and verification of coverage. Approval of a procedure does not guarantee payment. If Securian Canada's ETA provider makes payments that are not eligible for reimbursement, they have the right to recover the excess amount from ***you***.

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Proof of departure	In the event of a claim, the Company's ETA provider will require proof that ***you*** were in ***your*** province of residence the day of or the day before the ***departure date***. The proof must confirm the date that ***you*** were in ***your*** province of residence and not the date ***you*** arrived at ***your*** destination. If ***you*** are travelling with ***your*** spouse and/or eligible dependent(s), each insured person must retain their own proof of departure. Proof of departure can take any form as long as it shows: • ***your*** name • shows ***you*** were in ***your*** home province; and • specifies the date which must be the day of, or day before departure, to qualify. Examples of acceptable proof include, but are not limited to: • travel itinerary; • bank or credit card statement showing a purchase in ***your*** home province (Please black out card number); • receipt for services performed (i.e., paramedical services, dental treatment, ocular examination) that proves ***you*** were in ***your*** province of residence the day of or the day before ***your*** scheduled ***departure date***. Prepare to provide proof of departure by purchasing gas or coffee on ***your*** debit or credit card prior to leaving ***your*** home province or territory of residence. If couples are travelling together make purchases on the cards bearing each person's name.
Claim Documentation	
Emergency medical claims	Documents required to review ***your*** emergency medical claims include: • a fully completed claim form signed by ***you***; • the ***incident date*** for the injury or the date of commencement for the sickness; • proof of departure; • itemized bills for any ***medical treatment*** received; • itemized receipts for any out-of-pocket expenses; and • any other documentation requested by the Company's ETA provider to support ***your*** claim

Trip cancellation claims	Documents required to review ***your trip cancellation*** claims include: • a fully completed claim form signed by ***you***; • medical reasons: a ***physician*** form completed by the attending ***physician*** stating the diagnosis that caused the cancellation and ***incident date;*** • non-medical reasons: documentation supporting the cause of cancellation and ***incident date;*** • travel itinerary showing passenger names, dates of travel and cost; • itemized receipts and proof of payment for any travel expenses including ***commercial accommodation***; • documentation showing any amounts refunded by travel suppliers or proof of no ***refund***; • any rebooked or changed travel itinerary showing the passenger names, dates of travel, cost of change fees and increase in fare; and • any other information requested by the Company's ETA provider to support ***your*** claim.
Trip interruption or trip delay claims	Documents required to review ***your trip interruption*** or ***trip delay*** claims include: • a fully completed claim form signed by ***you***; • medical reasons: a ***physician*** form completed by the attending ***physician*** stating the diagnosis that caused the interruption or delay and the ***incident date***; • non-medical reasons: documentation supporting the cause of interruption or delay and the ***incident date;*** • proof of departure and return to ***your*** province of residence; • original travel itinerary showing the passenger names, dates of travel and cost; • any rebooked or changed travel itinerary showing the passenger names, dates of travel, cost of change fees and increase in fare; • itemized receipts and proof of payment for any travel expenses including ***commercial accommodation***; and • any other information requested by the Company's ETA provider to support ***your*** claim.
Balance billing	On occasion, after a bill has been paid by the Company's ETA provider health care providers bill the patient for the difference between the lower price negotiated by the Company's ETA provider and the original bill which is called balance billing. Do not pay these bills. If ***you*** should receive such a billing notice after the Company's ETA provider has paid ***your*** bill, please contact the Company's ETA provider. They will take the appropriate steps to resolve the issue on ***your*** behalf.

General provisions

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by ***you***, and the ***insurer*** is not responsible for and will not be bound by any assignment entered into by ***you***.

Benefit payments

Unless otherwise stated, all provisions in this certificate apply to ***you*** during a ***trip***. Benefits are only payable to ***you*** under one certificate during a ***trip***. If more than one certificate issued by the ***insurer*** is in effect at the same time, benefits will only be paid under one insurance certificate, the one with the highest amount of insurance. Benefits are only payable for the plans and the specific amount of insurance selected, paid for and accepted by the Company's ETA provider acting on the ***insurer's*** behalf at the time of application, and shown on ***your*** application.

Any benefits payable do not include interest charges.

Benefits payable as a result of ***your*** death will be payable to ***your*** estate.

SAMPLE

Conformity with law

Any certificate provision in conflict with any law to which this certificate is subject is hereby deemed to be amended to conform thereto.

Coordination of benefits

Amounts payable under this plan are in excess of any amounts available or collectible under any existing coverage concurrently in force held by or available to you. Other coverage includes but is not limited to:

- homeowners insurance;
- tenants insurance;
- multi-risk insurance;
- any credit card, third-party liability, group or individual basic or extended health insurance;
- any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

the Company's ETA provider, on the ***insurer's*** behalf, will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines. Reimbursement will not be made for any costs, services or supplies that are payable to ***you*** under a motor vehicle insurance policy or legislative plan pursuant to the no-fault benefits schedule under any Insurance Act, or for which ***you*** receive benefits from any other party under any policy or legislative plan of motor vehicle insurance, until such benefits are exhausted.

You may not claim or receive in total more than 100% of the loss caused by the insured event. If ***you*** are retired with an extended health plan provided by a former employer, with a lifetime limit of up to $100,000, the Company's ETA provider will not coordinate benefits with that provider on the ***insurer's*** behalf, except in the event of ***your*** death.

Currency

At the option of the Company's ETA provider, benefits may be paid in the currency of the country where the loss occurred. If currency conversion is necessary, the exchange rate in effect on the date the service was supplied to ***you*** will be used.

Cyber Risk

Benefits are not payable under this certificate for any losses or expenses incurred due to or as a result of cyber risk.

Cyber Risk means any loss, damage, liability, claim, cost, or expense of any nature directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with, any one or more instances of any of, the following:

- any unauthorized, malicious, or illegal act, or the threat of such act(s), involving access to, or the processing, use or operation of, any computer system,
- any error or omission involving access to, or the processing, use, or operation of any computer system,
- any partial or total unavailability or failure to access, process, use, or operate any computer system, or
- any loss of use, reduction in functionality, repair, replacement, restoration or reproduction of any data, including any amount pertaining to the value of such data.

Computer System means any computer, hardware, software, or communication system or electronic device (including but not limited to smart phone, laptop, tablet, wearable device), server, cloud, microcontroller, or similar system, including any associated input, output, data storage device, networking equipment, or backup facility.

Emergency assistance

the Company's ETA provider will use its best efforts to provide assistance for a ***medical emergency*** arising anywhere in the world. However, the Company's ETA provider, Securian Canada, and their agents will not be responsible for the availability, quantity, quality, or results of any medical ***treatment*** received, or for the failure of any person to provide or obtain medical services.

Governing law

This certificate will be governed by the laws of the Canadian province in which ***you*** normally reside.

SAMPLE

Language

The parties request that the certificate and all related documentation be drawn in English. Les parties demandent que le présent certificat ainsi que toute documentation pertinente soient rédigés en anglais.

Limitation of action

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* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario) *The Limitations Act* (for actions and proceedings in the province of Saskatchewan), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code.*

Misrepresentation or nondisclosure

Your failure to disclose or misrepresentation of any material fact, or fraud, either at the time of application or at the time of claim, shall render the entire contract null at the ***insurer's*** option, and any claim submitted thereunder shall not be payable. Where there is an error as to ***your*** age, provided that ***your*** age is within the insurable limits of this certificate, the premiums will be adjusted according to ***your*** correct age.

Sanctions

Benefits are not payable under this certificate for any losses or expenses incurred due to or as a result of ***your*** travel to a sanctioned country for any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulation.

Third party subrogation

In the event of payment under this insurance, the Company's ETA provider has the right to proceed in the name of any insured person against third parties who may be responsible for giving rise to a claim.

Time

This certificate will be governed by the local time of the Canadian province in which ***you*** normally reside.

SAMPLE

Contact information

Underwriter	Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company (Securian Canada) 1400-25 Sheppard Avenue West Toronto, On Canada M2N 6S6
Administrator	For Travel Plan Inquiries, emergency assistance and claims visit the member services website at www.my.securiancanada.ca or call Securian Canada's ETA provider at 1-888-852-2419
Policyholder	Police Pensioners Association of Ontario Suite 363 3-35 Stone Church Rd, Ancaster ON L9K 1S4

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, governments 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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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, except where otherwise indicated.

securian CANADA

Securian Canada
securiancanada.ca
1400-25 Sheppard Avenue West, Toronto, ON, Canada M2N 6S6
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