

# UNIVERSITY OF WINNIPEG

(The Policyholder)

Policy No. 100013456 issued by iA Special Markets,  
a division of Industrial Alliance Insurance and Financial Services Inc.

## BASIC A.D.&D. INSURANCE

### Coverage

Any Accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

### Eligibility

You are eligible as an Insured Person if you are covered under your employer's current Group Life policy.

Class 1	President of the Policyholder under age 75.
Class 2	Employees of the Policyholder under age 70, excluding Class 1 Insured Persons and research assistants.

### Amount of Insurance

Class 1	The lesser of \$100,000.00 and the amount, rounded to the next higher \$1,000.00 if not already an even multiple of \$1,000.00, which is two times the Insured Person's Annual Earnings, subject to a minimum of \$50,000.00.  The Principal Sum reduces by 50% upon the Insured Person's attainment of age 70.
Class 2	The lesser of \$100,000.00 and the amount, rounded to the next higher \$1,000.00 if not already an even multiple of \$1,000.00, which is two times the Insured Person's Annual Earnings, subject to a minimum of \$50,000.00.  The Principal Sum reduces by 50% upon the Insured Person's attainment of the normal pension commencement date.

### Benefits

#### Accidental Death, Dismemberment and Specific Loss Indemnity

The policy provides benefits for Injury resulting in Loss of, **or permanent and total Loss of Use of**, which occurs within **12 months** after the date of the Accident as follows:

Life.....	The Principal Sum
Both Arms.....	Two Times the Principal Sum
Both Hands.....	Two Times the Principal Sum
Both Legs .....	Two Times the Principal Sum
Both Feet.....	Two Times the Principal Sum



## BASIC A.D.&D. INSURANCE (Continued...)

### Benefits (Continued...)

#### Accidental Death, Dismemberment and Specific Loss Indemnity (Continued...)

Brain Death .....	The Principal Sum
Entire Sight of Both Eyes .....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
One Hand and the Entire Sight of One Eye.....	The Principal Sum
One Foot and the Entire Sight of One Eye .....	The Principal Sum
Speech and Hearing in Both Ears.....	The Principal Sum
One Arm .....	Four-Fifths of the Principal Sum
One Leg.....	Four-Fifths of the Principal Sum
One Hand.....	Three-Quarters of the Principal Sum
One Foot .....	Three-Quarters of the Principal Sum
Entire Sight of One Eye.....	Three-Quarters of the Principal Sum
Speech or Hearing in Both Ears .....	Three-Quarters of the Principal Sum
Thumb and Index Finger of Either Hand.....	Two-Fifths of the Principal Sum
Four Fingers of Either Hand.....	Two-Fifths of the Principal Sum
Hearing in One Ear .....	Two-Fifths of the Principal Sum
All Toes of One Foot .....	One-Third of the Principal Sum

#### **PARALYSIS BENEFITS**

Quadriplegia (complete paralysis of both upper and lower limbs).....	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs) .....	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body) .....	Two Times the Principal Sum

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one Accident will not exceed the following:

- (a) With the exception of Loss or Loss of Use of Both Arms, Both Hands, Both Legs, Both Feet, Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum;
- (b) With respect to Loss or Loss of Use of Both Arms, Both Hands, Both Legs, Both Feet, Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the Accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the Principal Sum as the result of the same Accident.

The maximum amount payable for Loss or Loss of Use of Both Arms, Both Hands, Both Legs, Both Feet, Quadriplegia, Paraplegia or Hemiplegia will not exceed \$1,000,000.00 in combination with the maximum stated for Loss of Use, Quadriplegia, Paraplegia or Hemiplegia in all other policies issued to the Policyholder by the Company.



## BASIC A.D.&D. INSURANCE (Continued...)

### ***Benefits (Continued...)***

#### **Accidental Death, Dismemberment and Specific Loss Indemnity (Continued...)**

“Accident” whenever used in the policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while the policy is in force and be the basis of claim.

“Injury” whenever used in the policy means bodily injury caused by an Accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“Loss” whenever used in the policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“Loss of Use” whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

#### **Bereavement Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred by your spouse and dependent children for up to six sessions of grief counseling, by a professional counselor, subject to a maximum of \$2,500.00.

#### **Carjacking Benefit**

If Injury results in a Loss covered by the policy, your Principal Sum will be increased by 10% to a maximum of \$10,000.00, if the Injury occurs during a carjacking of an automobile that you were operating, getting into or out of, or riding as a passenger.

#### **Continuation of Coverage**

If, under the Policyholder’s current Basic Group Life policy, your life insurance is continued during any approved leave of absence, temporary lay-off, maternity or parental leave or disability leave, your coverage under this policy will also be continued, provided payment of premium is continued.

#### **Conversion Option**

Upon termination of active employment with your employer, you may, if under age 70 and within 31 days following the date of such termination, make written application to convert to an individual Accident insurance plan with no evidence of insurability required, at the individual rates in force with the insurer at the time of your termination. You may elect an amount of Principal Sum equal to or lower than the amount of Principal Sum in force under all policies issued to your employer by the insurer to a maximum of \$500,000.00. This benefit is restricted to *Canadian* residents only.



## BASIC A.D.&D. INSURANCE (Continued...)

### ***Benefits (Continued...)***

#### **Cosmetic Disfigurement Benefit**

When, as a result of a non-occupational Injury, you suffer cosmetic disfigurement due to a third-degree burn, the insurer will pay a percentage of your Principal Sum based on the amount of body surface burned as determined by the attending physician and as outlined in the policy.

If you suffer burns to more than one body part as a result of any one Accident, benefits payable for all such burns will not exceed a maximum of \$25,000.00.

#### **Day Care Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred, subject to five percent of your Principal Sum to a maximum of \$5,000.00, for each of your dependent children under 13 years of age who (a) are enrolled in a legally licensed day care centre on the date of your death; or (b) enroll in a legally licensed day care centre within 12 months after the date of your death.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the dependent child is enrolled in a legally licensed day care centre, but not to exceed four consecutive annual payments with respect to any one dependent child.

#### **Disability Fitness Benefit**

If, following an Injury which results in a Loss covered by the policy, you subsequently require any specially designed fitness training or athletic equipment for disabled persons which you would not have required except for such Injury, the insurer will pay the reasonable and necessary expenses actually incurred within two years of the date of the Accident, subject to a maximum of \$5,000.00 as a result of any one Accident.

#### **Education Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred, subject to five percent of your Principal Sum to a maximum of \$10,000.00, for each of your dependent children who (a) are enrolled as full-time students in a school for higher learning above the secondary school level; or (b) were enrolled as full-time students at the secondary school level but enroll as full-time students in a school for higher learning within 12 months after the date of your death.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the dependent child is enrolled as a full-time student in a school for higher learning, but not to exceed four consecutive annual payments with respect to any one dependent child. If, at the time of loss, none of your dependent children are eligible for the Education Benefit, the insurer shall pay an additional amount of \$2,500.00 to your designated beneficiary.

#### **Family Transportation Benefit**

If, following an Injury which results in a Loss covered by the policy, you are confined as an in-patient in a hospital located from a point of not less than 150 kilometers from your normal place of residence, the insurer will pay the reasonable and necessary expenses actually incurred by any one member of your immediate family for hotel accommodation and transportation by the most direct route to you, subject to a maximum of \$20,000.00 for all such expenses.

## **BASIC A.D.&D. INSURANCE (Continued...)**

### ***Benefits (Continued...)***

#### **Funeral Expense Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred for your funeral, subject to a maximum of \$5,000.00.

#### **Home Alteration and Vehicle Modification Benefit**

If, following an Injury which results in a Loss covered by the policy, you are required to use a wheelchair to be ambulatory, the insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of the Accident causing such Loss for (a) the cost of alterations to your principal residence; and/or (b) the cost of modifications to one motor vehicle utilized by you, when such modifications are approved by the provincial vehicle licensing authorities where required for the purpose of making them wheelchair accessible, subject to a maximum of \$50,000.00 as the result of any one Accident.

#### **Hospital Indemnity Expense**

A daily benefit of one-thirtieth of one percent of your Principal Sum, to a maximum monthly benefit of \$2,500.00 will be payable when you are in a hospital and under the regular care and attendance of a physician, but only if such period of hospitalization is necessary for the treatment of an Injury which results in a Loss covered by the policy. Such daily benefit will be paid from the first day of a necessary period of hospitalization as an in-patient, for which a full day's room and board is charged, but in no event for more than 12 months per Accident.

A period of hospitalization which becomes necessary for the treatment of any Injury other than for a Loss covered by the policy will be covered in accordance with the above terms, and the daily benefit will be paid from the first day of hospitalization of at least a four day period of hospitalization.

If a particular condition causes more than one period of hospitalization due to the same or related causes, then the maximum benefit (12 months in a hospital) will be reinstated, provided a period of six months has elapsed between periods of hospitalization.

#### **Identification Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, and provided identification of your body is required by the police or similar law enforcement agency, the insurer will pay the reasonable and necessary expenses actually incurred by a member of your immediate family for lodging and board (not to exceed a maximum duration of three consecutive nights) and transportation by the most direct route to and from the location of your body, subject to a maximum of \$20,000.00. The body's location must not be less than 150 kilometers from the family member's normal place of residence.

#### **Parental Care Benefit**

If Injury results in your loss of life, the insurer will pay 10% of your Principal Sum, to a maximum of \$10,000.00, to any eligible dependent parent who, at the time of the Accident, is a resident in a licensed nursing care facility, or enrolled in a home health care program, or living in your residence, or receiving support and care provided by you.

## **BASIC A.D.&D. INSURANCE (Continued...)**

### ***Benefits (Continued...)***

#### **Permanent Total Disability**

If, following an Injury and within 12 months of the date of the Accident, you are totally and permanently disabled while under age 65 and prevented from engaging in any and every occupation or employment for compensation or profit, the insurer will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any amount paid or payable under "Accidental Death, Dismemberment and Specific Loss Indemnity" as the result of the same Accident.

#### **Psychological Therapy Benefit**

If Injury results in a Loss covered by the policy and you require psychological therapy as prescribed by a physician, the insurer will pay the reasonable and necessary expenses actually incurred, subject to a maximum of \$5,000.00, until the full maximum has been paid, two years have elapsed from the date of Injury, or you die, whichever occurs first.

#### **Rehabilitation Benefit**

If, following an Injury which results in a Loss covered by the policy, you require special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such Injury, the insurer will pay the reasonable and necessary expense incurred for such training within two years of the date of the Accident, subject to a maximum of \$20,000.00 as the result of any one Accident.

#### **Repatriation Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred for preparation and transport of your body to your city of residence, subject to a maximum of \$20,000.00.

#### **Seat Belt Benefit**

If, due to a vehicular Accident, Injury results in a loss covered by the policy, your Principal Sum will be increased by 10% to a maximum of \$50,000.00 if, at the time of the Accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt. The driver of the vehicle must hold a current and valid driver's license authorizing him to operate such vehicle and neither be intoxicated nor under the influence of drugs at the time of the Accident. Due proof of seat belt use must be provided as part of the written proof of loss.

#### **Spousal Retraining Benefit**

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred within three years from the date of such Accident by your spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, subject to a maximum of \$20,000.00 for all such expenses.

#### **Waiver of Premium**

In the event you become totally disabled and your waiver of premium claim is accepted and approved under your employer's current Group Life policy, premiums payable under the Basic A.D.&D. policy will be waived as of the same date the claim is accepted and approved by the Group Life policy Underwriter.



## BASIC A.D.&D. INSURANCE (Continued...)

### ***Benefits (Continued...)***

#### **Workplace Modification and Accommodation Benefit**

If, following an Injury which results in a Loss covered by the policy, you require special adaptive equipment and/or workplace modification in order to reasonably accommodate your return to active full-time employment with the employer providing this benefit, the insurer will pay the reasonable and necessary expenses actually incurred by your employer subject to a maximum of \$5,000.00 as the result of any one Accident, provided your employer (a) agrees to provide the required equipment and/or make modifications to your workplace; and (b) acknowledges performance of the essential duties of your occupation may be altered. All required equipment and/or workplace modification must have prior approval by the insurer.

#### ***Aggregate Limit of Indemnity***

Unlimited per any one Accident.

#### ***Exclusions***

Cover does not apply to any loss, fatal or non-fatal, caused by or contributed to, directly or indirectly resulting from:

- declared or undeclared war or any act of war;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, regardless of any impairment, illness or state of mind;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated, leased or chartered aircraft of your employer;
- physical or mental illness or disease or treatment for the illness or disease.

#### ***Exposure and Disappearance***

If due to Accident you are unavoidably exposed to the elements and such exposure, within 12 months of the date of the Accident, results in a Loss for which indemnity would otherwise have been payable under the policy, such Loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you were riding, you disappear, and if your body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you suffered loss of life as a result of Injury.

#### ***Beneficiary***

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person under the employer's current Group Life policy. If no such designation has been filed, the beneficiary in respect of loss of life of an Insured Person shall be the estate of the Insured Person. All other indemnities payable will be payable to the Insured Person, with the exception of indemnities payable under "Bereavement Benefit", "Day Care Benefit", "Education Benefit", "Family Transportation Benefit", "Identification Benefit", "Spousal Retraining Benefit" and "Workplace Modification and Accommodation Benefit".

## BASIC A.D.&D. INSURANCE (Continued...)

### **Termination of Insurance**

Your insurance will immediately terminate on the earliest of the following dates:

- (a) the date the policy is terminated;
- (b) the premium due date if your employer fails to remit your premium to the insurer, except as the result of an inadvertent error;
- (c) with respect to Class 1 Insured Persons, the date a Class 1 Insured Person reaches 65 years of age with respect to the "Permanent Total Disability" benefit, and with respect to other benefits, the premium due date coinciding with or immediately following the date a Class 1 Insured Person reaches 75 years of age or retirement, whichever is earlier; with respect to Class 2 Insured Persons, the date a Class 2 Insured Person reaches 65 years of age with respect to the "Permanent Total Disability" benefit, and with respect to other benefits, the premium due date coinciding with or immediately following the date a Class 2 Insured Person reaches 70 years of age or retirement, whichever is earlier;
- (d) the premium due date coinciding with or immediately following the date you cease to be associated with your employer in a capacity making you eligible for insurance, except as provided under the part titled "Continuation of Coverage".

### **A.D.&D. Claims Procedures**

Written notice of claim is to be given to the insurer within a period of 30 days from the date of the Accident. Claim forms are available from your plan administrator or from the insurer at (800) 266-5667. The insurer reserves the right to request additional information when processing the claim. Completed claim forms must be filed with the insurer within 90 days after the date of the Injury and no later than one year regardless of whether the full extent of loss is known.

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.

*This wording is for illustrative purposes only and carries no contractual or other rights. All rights with respect to the benefits of an Insured Person will be governed by the Group Master Policy, a copy of which is filed with your employer.*

