

My group benefit plan



canada  lifeTM

OYSTER HR INC.

ALL EMPLOYEES

Effective: March 01, 2022

Policy: 420052

ALL EMPLOYEES

We are pleased to offer you our services. As we adhere to principles of inclusion, all genders are incorporated in the language used in our communications with you.

BENEFIT DETAILS

Canada Life is a leading Canadian life and health insurer. Canada Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Canada Life Online

Visit our website at **www.canadalife.com** for:

- information and details on Canada Life's corporate profile and our products and services
- investor information
- news releases
- contact information
- online claims submission

My Canada Life at Work

As a Canada Life plan member, you can register for My Canada Life at WorkTM at **www.mycanadalifeatwork.com**. Make sure to have your plan and ID numbers available when registering.

With My Canada Life at Work you can:

- Submit claims quickly
- Review your coverage and balances
- Find healthcare providers like chiropractors and massage therapists near you
- Save your benefits cards to your payment service application or program
- Get notified when your claims have been processed

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Customer complaints

We are committed to addressing your concerns promptly, fairly and professionally. Here is how you may submit your complaint.

- Phone: 1-866-292-7825
- Fax: 1-855-317-9241
- Email: **ombudsman@canadalife.com**
- In writing:

Ombudsman
255 Dufferin Avenue
London, ON N6A 4K1

For additional information on how you may submit a complaint, please visit **www.canadalife.com/complaints**.

CLAIM SUBMISSION

Claim forms are available from your plan administrator. You may also obtain these forms on-line in the Group Benefits section of the Canada Life web site located at: www.canadalife.com

Your claim form, and any other correspondence about your claim, may be submitted to your employer, or directly to the Benefit Payment Office that will be handling your claim.

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Life Claims:

The Canada Life Assurance Company
Attn: Group Life Claims
60 Osborne Street North
Winnipeg, Manitoba
R3C 3A5

Health and Dental Claims:

The Canada Life Assurance Company
Select Benefit Services
P.O. Box 3050
Winnipeg, Manitoba
R3C 0E6
(800) 957-9777
or
(800) 990-6654
TTY line (for the hearing impaired)

Disability Claims:

The Canada Life Assurance Company
Attn: Disability Management Services Office
255 Dufferin Avenue - 7th Floor
London, Ontario
N6A 4K1
(519) 435-7229
(866) 325-6413

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Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Canada Life as evidence of insurability, subject to certain limitations.

Legal Actions

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), 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.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Canada Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Canada Life. If you fail to fulfill this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Canada Life's right to use other legal means to recover the overpayment.

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BENEFIT SUMMARY

This summary must be read together with the benefits described in this booklet.

Employee Life Insurance

100% of annual earnings to a maximum of \$ 500,000 reducing by 50% at age 65.

Any amount of Employee Basic Life Insurance over \$ 495,000 is subject to approval of evidence of insurability.

Dependent Life Insurance

Spouse	\$ 5,000
Child	\$ 2,500
(from live birth)	

Accidental Death, Dismemberment and Specific Loss (Principal Sum)

An amount equal to your Life Insurance

Employee Critical Illness Insurance	\$ 25,000
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Long Term Disability (LTD) Benefits

Waiting period	112 days
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Amount	78% of the first \$ 1,250 of monthly earnings plus 60% of the next \$ 3,750 of monthly earnings plus 50% of the remainder to a maximum of \$ 15,000 or 85% of your pre-disability take-home pay, whichever is less. Any amount of LTD Insurance over \$ 7,400 is subject to approval of evidence of insurability.
Benefit period	to age 65
Tax Status:	non-taxable

Healthcare

Per Prescription Deductible

(applicable to In-Canada drug expenses)

-for prescription drugs none

Calendar Year Deductible

-for global medical assistance	none
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-for in-Canada ambulance and hospital	none
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-for visioncare none

-for all other healthcare expenses	
-individual	none
-family	none

Reimbursement Level

-for global medical assistance	100%
-for out-of-country care	100%

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-for in-Canada ambulance and hospital	100%
-for visioncare	100%
-for prescription drugs (when provided in Canada)	100%
-for paramedical expenses	
-for chiropractors	100%
-for physiotherapists	100%
-for psychologists/social workers	100%
-for dieticians	100%
-for podiatrists	100%
-for speech therapists	100%
-for massage therapists	100%
-for acupuncturists	100%
-for naturopaths	100%
-for osteopaths	100%
-for all other healthcare expenses	100%

Basic Expense Maximums

-for in-Canada home nursing care	\$ 10,000 for a maximum of 12 months per condition
-for hospital care	semi-private room
-for in-Canada prescription drugs	unlimited
-for smoking cessation products	\$500 lifetime or as otherwise required by law
-for hearing aids	\$700 every 5 years
-for speech aids	\$1,000 lifetime
-for custom-fitted orthopedic shoes and custom-made foot orthotics	\$300 every 12 months

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-for myoelectric arms	\$10,000 per prosthesis
-for external breast prosthesis	1 every 12 months
-for surgical brassieres	2 every 12 months
-for mechanical or hydraulic patient lifters (excluding electric stairlifts)	\$2,000 per lifter every 5 years
-for outdoor wheelchair ramps	1 in a lifetime to a maximum of \$2,000
-for blood-glucose monitoring machines	1 every 4 years
-for continuous glucose monitoring machines including sensors and transmitters	\$4,000 each calendar year
-for transcutaneous nerve stimulators	\$700 lifetime
-for extremity pumps for lymphedema	1 in a lifetime to a maximum of \$1,500
-for custom-made compression hose	\$250 each calendar year
-for wigs for cancer patients	\$200 lifetime
-diagnostic x-rays and lab tests	unlimited
-for paramedical expense maximums	
-for chiropractors	\$ 500 each calendar year
-for physiotherapists	\$ 500 each calendar year
-for psychologists/social workers	\$ 500 each calendar year
-for dieticians	\$ 500 each calendar year
-for podiatrists	\$ 500 each calendar year
-for speech therapists	\$ 500 each calendar year
-for massage therapists	\$ 500 each calendar year
-for acupuncturists	\$ 500 each calendar year
-for naturopaths	\$ 500 each calendar year
-for osteopaths	\$ 500 each calendar year

Unless prohibited by law, Canada Life will pay for the portion of the cost that is not payable under a government plan.

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Visioncare Expense Maximums

Eye Examinations	
-for children 18 years of age and under	1 every 12 months
-for any other person	1 every 24 months
Glasses, Contact Lenses and Laser Eye Surgery	
-for children 18 years of age and under	\$ 250 every 12 months
-for any other person	\$ 250 every 24 months

Lifetime Healthcare Maximum unlimited

Dentalcare

Payment Basis

The dental fee guide in effect on the date treatment is rendered for the province in which treatment is rendered.

Calendar Year Deductible:

-for dental accident coverage	none
-for all other expenses:	
-individual	none
-family	none

Reimbursement Levels

Dental Accident Coverage	100%
Basic Coverage	100%

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Major Coverage 50%

Plan Maximums

-for dental accident unlimited

-for basic and major coverage combined \$ 1,500 per calendar year

Other Information

Major dental services include the prior extraction limitation.

Basic dental services exclude oral hygiene instruction.

Benefit Details

This booklet describes the principal features of the group benefit plan sponsored by your employer, but Group Policy No. 420052 issued by Canada Life is the governing document. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail. Contact your employer if you require any additional information.

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COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan immediately if you are covered on the effective date of this plan. Otherwise you are eligible after completion of the eligibility waiting period shown below. The waiting period can only be satisfied by continuous employment as an insurable employee, ending on or after the effective date of this plan. You are considered continuously employed only if you satisfy the actively at work requirement throughout the eligibility waiting period.

Basic Life Insurance	0 months
Long Term Disability	0 months
Healthcare	0 months
Dentalcare	0 months
Accidental Death and Dismemberment	0 months
Critical Illness	0 months

- You must apply for coverage no later than 31 days after you become eligible. If you apply within 31 days of when you are eligible, your coverage takes effect on the date you applied. After 31 days, you must provide evidence of insurability for you and your dependents before you can participate.
- If you do not apply for dentalcare coverage within 31 days of becoming eligible, your benefits may be subject to restrictions. See the Late Applicant Restrictions section for details.
- You must be actively at work when coverage takes effect, otherwise the coverage will not be effective until you return to work.

Increases in your benefits while you are covered by this plan will not become effective unless you are actively at work.

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- You must be employed on a permanent, and non-seasonal basis for at least 24.0 hours each week to join the plan.

Your coverage terminates when your employment ends, you are no longer eligible, you stop paying the required premiums, or the policy terminates, whichever is earliest.

- Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.
- When your coverage terminates, you may be entitled to an extension of benefits under the plan. Your employer will provide you with details.

Survivor Benefits

If you die while your coverage is still in force, the health and dental benefits for your dependents will be continued for a period of 24 months or until they no longer qualify, whichever happens first.

DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal or common-law.

A common-law spouse means a person who is living with the employee in a conjugal relationship.

- Your unmarried children under age 21, or under age 25 if they are full-time students.

Children under age 21 are not covered if they are working more than 30 hours a week, unless they are full-time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 21, or while they are students under 25, and the disorder has been continuous since that time.

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Note: If you are a Quebec resident, full-time students are covered for prescription drug benefits until age 26.

Beneficiary Designation

You may make, alter, or revoke a designation of beneficiary as permitted by law. Any designation of beneficiary you made under your employer's previous policy prior to the effective date of this policy applies to this policy until you make a change to that designation. You should review your beneficiary designation from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

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EMPLOYEE LIFE INSURANCE

On your death Canada Life will pay your life insurance benefits to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements to your beneficiary.

- Your life insurance terminates when you reach age 71.
- You are entitled to waiver of premium benefits after you have been continuously disabled for 112 days. You will be considered disabled during the period you are entitled to receive Long Term Disability benefits.
- If any or all of your insurance terminates on or before your 65th birthday, you may be eligible to apply for an individual conversion policy without providing proof of your insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See your employer for details.

DEPENDENT LIFE INSURANCE

If one of your dependents dies, Canada Life will pay you the dependent life insurance benefit. Your employer will explain the claim requirements.

- Your dependent life insurance terminates when you reach age 71 or when you no longer have eligible dependents, whichever comes first.
- If you are disabled and the premiums for your employee life insurance are waived, your dependent life insurance will also continue without premium payment until your own coverage terminates or your dependents no longer qualify.
- If you live in Quebec and your spouse's or child's insurance terminates on or before your 65th birthday, he or she may be eligible for an individual conversion policy without providing proof of insurability.
- If you live elsewhere in Canada and your spouse's insurance terminates on or before his or her 65th birthday, he or she may be eligible for an individual conversion policy without providing proof of insurability.

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- You or your spouse must apply for spouse or child insurance and pay the first premium no later than 31 days after the group insurance terminates. See your employer for details.

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**ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS
(AD&D) INSURANCE**

If you suffer one of the losses listed below as the result of an accident which occurs while you are insured, you will be paid the factor or portion of the Principal Sum. The loss must occur no later than 365 days after the accident. For loss of use, the loss must be continuous for 365 days. If you suffer multiple losses to the same limb as the result of the same accident, only the loss providing the highest amount payable will be paid.

If you die as a result of an accident, Canada Life will pay the Principal Sum to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements to your beneficiary.

The Principal Sum is the maximum amount that will be paid for all injuries resulting from the same accident. For paraplegia, hemiplegia, and quadriplegia, the maximum amount that will be paid for all injuries resulting from the same accident is two times the Principal Sum.

<i>Loss</i>	<i>Amount Payable</i>
Life	Principal Sum
Both hands or both feet	Principal Sum
Sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and sight of one eye	Principal Sum
One foot and sight of one eye	Principal Sum
Speech and Hearing in both ears	Principal Sum
One arm or one leg	3/4 Principal Sum
One hand or one foot or sight of one eye	1/2 Principal Sum
Speech	1/2 Principal Sum
Hearing in both ears	1/2 Principal Sum
Thumb and index finger or at least 4 fingers of one hand	1/4 Principal Sum
All toes of one foot	1/8 Principal Sum

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Loss of Use

Both arms and both legs (quadriplegia)	2X Principal Sum
Both legs (paraplegia)	2X Principal Sum
One arm and one leg on the same side of the body (hemiplegia)	2 X Principal Sum
One arm and one leg on different sides of the body	Principal Sum
Both arms or both hands	Principal Sum
One hand and one leg	Principal Sum
One leg or one arm	3/4 Principal Sum
One hand	1/2 Principal Sum

Surgical Reattachment

If you suffer the loss of a limb that is surgically reattached, Canada Life will pay 50% of the amount that would have been payable if the loss had been permanent, regardless of the amount of use regained. The balance of the benefit will be payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

Repatriation

If you die as the result of an accident that is at least 150 kilometres away from your home, Canada Life will pay up to \$2,500 for the preparation and transportation of your body to the place of burial or cremation less any amounts paid under this plan's global medical assistance benefit.

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Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, Canada Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Canada Life will pay up to 5% of the Principal Sum, or \$ 5,000, whichever is less, for each year of full-time post-secondary school enrolment. Canada Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Canada Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's global medical assistance benefit, up to \$ 2,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

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Occupational Training Benefit for Spouses

If benefits are payable under this benefit provision for your death, Canada Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Canada Life will pay up to 10% of the Principal Sum, or \$ 10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

Educational Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Canada Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Canada Life will pay up to \$ 10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

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Wheelchair Benefit

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Canada Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Canada Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's healthcare benefit, up to \$ 10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident, or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

Your AD&D insurance terminates when you reach age 71.

Limitations

No benefits are paid for injury or death resulting from:

- Intentionally self-inflicted injury or suicide
- Viral or bacterial infections, any form of illness or physical or mental infirmity, or medical or surgical treatment except surgical reattachment

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- War, insurrection or voluntary participation in a riot
- Service in the armed forces of any country
- Air travel serving as a crew member, or in aircraft owned, leased or rented by your employer, or air travel where the aircraft is not licensed or the pilot is not certified to operate the aircraft

How to Make a Claim

- To claim benefits for yourself, ask your employer for a claim form. Complete it and return it to your employer.
- If you die accidentally, your employer will explain the claim requirements to your beneficiary.
- Claims should be submitted as soon as possible, but no later than 15 months after the loss.

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CRITICAL ILLNESS INSURANCE

If you are diagnosed with one of the illnesses defined below while you are insured, Canada Life will pay you the critical illness insurance benefit. Check the Benefit Summary for the amount. Where a survival period is specified for a condition below, Canada Life will not pay the benefit until the end of the survival period. In addition to this benefit, provided it is \$10,000 or more, Canada Life will make a \$500 donation in your name to a registered charitable organization of your choice. Only one critical illness benefit is payable in your lifetime. Once a benefit has been paid, no further critical illness insurance is available.

Your critical illness insurance will not continue past the end of the day before the date you reach age 65.

Covered Illnesses

Any of the following conditions is considered a critical illness if it meets the defined criteria and has been diagnosed by a physician practicing medicine in Canada or the United States who is recognized by the physician's medical licensing body as a specialist in the field of medicine relating to the applicable critical illness. The diagnosis must be supported by objective medical evidence.

- **"heart attack"** - means the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:
 - heart attack symptoms;
 - new electrocardiogram (ECG) changes consistent with a heart attack; or
 - development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

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exception

No benefits will be paid under this condition for:

- elevated biochemical cardiac markers after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

The benefit is payable after a survival period of 30 days following the date of diagnosis.

- **"stroke"** - means an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination,

persisting for more than 30 days following the date of the condition. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

No benefits will be paid under this condition for:

- transient ischaemic attacks; or
- intracerebral vascular events due to trauma.

For greater certainty, lacunar infarcts which do not have the neurological symptoms and deficits set out above, persisting for more than 30 days, do not satisfy the definition of stroke.

The benefit is payable after a survival period of 30 days following the date of surgery.

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- "**coronary artery bypass surgery**" - means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

The benefit is payable after a survival period of 30 days following the date of surgery.

- "**cancer (life-threatening)**" - means a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

No benefits will be paid under this condition for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors classified as Ta;
- malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified less than Rai stage 1; or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

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For purposes of the policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

For purposes of the policy, the term Rai staging is to be applied as explained in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Cancer exclusion period

No benefits will be paid under this condition if, within the first 90 days following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made; or
- a diagnosis of cancer (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Canada Life within six months of the date of the diagnosis. If this information is not provided within this period, Canada Life has the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.

- **"kidney failure"** - means chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.
- **"blindness"** - means the total and irreversible loss of vision in both eyes, evidenced by:
 - the corrected visual acuity being 20/200 or less in both eyes; or
 - the field of vision being less than 20 degrees in both eyes.

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- **"major organ transplant"** - means irreversible failure of the heart, both lungs, liver, both kidneys, or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.
- **"dementia, including Alzheimer's disease"** - means dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:
 - aphasia (a disorder of speech);
 - apraxia (difficulty performing familiar tasks);
 - agnosia (difficulty recognizing objects); or
 - disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

The person must exhibit:

- dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and
- evidence of progressive deterioration in cognitive and daily functioning either by serial cognitive tests or by history over at least a six-month period.

No benefits will be paid under this condition for affective or schizophrenic disorders, or delirium.

For purposes of the policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189.

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- **"Parkinson's Disease and Specified Atypical Parkinsonian Disorders" -** Parkinson's Disease means primary Parkinson's Disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of:

- muscular rigidity; or
- rest tremor.

The person must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's Disease.

Specified Atypical Parkinsonian Disorders mean progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

No benefits will be paid under this condition for any other type of parkinsonism.

Parkinson's Disease and Specified Atypical Parkinsonian Disorders exclusion period

No benefits will be paid under this condition if, within the first year following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism, regardless of when the diagnosis is made; or
- a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism.

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Canada Life within six months of the date of the diagnosis. If this information is not provided within this period, Canada Life has the right to deny any claim for Parkinson's Disease or Specified Atypical Parkinsonian Disorders or, any critical illness

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caused by Parkinson's Disease or Specified Atypical Parkinsonian Disorders or its treatment.

- **"paralysis"** - means total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.
- **"multiple sclerosis"** - means at least one of the following:
 - two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination;
 - well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or
 - a single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.
- **"deafness"** - means the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3000 hertz.
- **"loss of speech"** - means the total and irreversible loss of the ability to speak as a result of physical injury or disease for a period of at least 180 days.

No benefits will be paid under this condition for all psychiatric related causes.

- **"coma"** - means a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be four or less.

No benefits will be paid under this condition for a medically induced coma.

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- **"severe burns"** - means third degree burns over at least 20% of the body surface.
- **"aortic surgery"** - means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

The benefit is payable after a survival period of 30 days following the date of surgery.

- **"benign brain tumour"** - means a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgery or radiation treatment or cause irreversible objective neurological deficits.

No benefits will be paid under this condition for pituitary adenomas less than 10 mm.

Benign brain tumour exclusion period

ALL EMPLOYEES

No benefits will be paid under this condition if, within the first 90 days following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under the policy), regardless of when the diagnosis is made; or
- a diagnosis of benign brain tumour (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Canada Life within six months of the date of the diagnosis. If this information is not provided within this period, Canada Life has the right to deny any claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.

- **"heart valve replacement or repair"** - means the undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures

The benefit is payable after a survival period of 30 days following the date of surgery.

- **"loss of independent existence"** - means the total inability to perform, by oneself, at least two of the following six activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.

ALL EMPLOYEES

Activities of daily living are:

- bathing - the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
 - dressing - the ability to put on and remove necessary clothing, braces, artificial limbs, or other surgical appliances with or without the aid of assistive devices;
 - toileting - the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
 - bladder and bowel continence - the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
 - transferring - the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and
 - feeding - the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.
- **"loss of limbs"** - means the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.
- **"motor neuron disease"** - means one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions.
- **"occupational HIV infection"** - means infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the person's normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred following the later of the person's effective date of insurance or, for an increase, the effective date of the increase.

Payment under this condition requires satisfaction of all the following:

ALL EMPLOYEES

- the accidental injury must be reported to Canada Life within 14 days of the accidental injury;
- a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- all HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and
- the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines.

No benefits will be paid under this condition if:

- the person has elected not to take any available licensed vaccine offering protection against HIV; or
- a licensed cure for HIV infection has become available prior to the accidental injury.

For greater certainty, non-accidental injury including, but not limited to, sexual transmission or intravenous (IV) drug use does not satisfy the definition of Occupational HIV Infection.

· **"bacterial meningitis"** - means meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

No benefits will be paid under this condition for viral meningitis.

· **"aplastic anaemia"** - means chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

ALL EMPLOYEES

Limitations

No benefits are paid for:

- a critical illness that is directly or indirectly related to a condition for which you received medical care within 24 months before your insurance started. This limitation does not apply:
 - if your illness is diagnosed after you have been continuously insured for 24 months, or
 - to any amounts of insurance for which evidence of insurability is required.
- a critical illness resulting directly or indirectly from or associated with any of the following:
 - intentionally self-inflicted injury or suicide, regardless of the person's state of mind and whether or not he or she was able to understand the nature and consequences of his or her actions
 - war, insurrection or voluntary participation in a riot
 - participation in a criminal offence or provoking an assault
 - use of any drug, poisonous substance, intoxicant, or narcotic, unless prescribed for the person by a licensed physician and taken in accordance with directions given by the licensed physician
 - operating a motorized vehicle while the blood alcohol level is higher than 80 milligrams of alcohol per 100 millilitres of blood.

No benefits are paid if death or irreversible cessation of all functions of the brain occurs during the benefit payment waiting period.

How to Make a Claim

- To claim benefits, obtain a claim form at the Canada Life website www.canadalife.com. Complete it and return it to the address shown on the form.
- Claims should be submitted as soon as possible, but no later than 3 months after the earlier of:

ALL EMPLOYEES

- the end of the critical illness survival period, where applicable; or
- the date the plan terminates.

ALL EMPLOYEES

LONG TERM DISABILITY (LTD) INCOME BENEFITS

The plan provides you with regular income to replace income lost because of a lengthy disability due to disease or injury. Benefits begin after the waiting period is over and continue until you are no longer disabled as defined by the policy or you reach age 65, whichever comes first. Check the Benefit Summary for the benefit amount and waiting period.

- If disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than 2 weeks and the disabilities arise from the same disease or injury.
- LTD benefits are payable for the first 24 months following the waiting period if disease or injury prevents you from performing the essential duties of your regular occupation, and, except for any employment under an approved rehabilitation plan, you are not employed in any occupation that is providing you with income equal to or greater than your amount of LTD insurance under this plan, as shown in the Benefit Summary.
- After 24 months, LTD benefits will continue only if your disability prevents you from being gainfully employed in any job. Gainful employment is work you are medically able to perform, for which you have at least the minimum qualifications, and which provides you with an income of at least 50% of your indexed monthly earnings before you became disabled.
- Loss of any license required for work will not be considered in assessing disability.
- After the waiting period, separate periods of disability arising from the same disease or injury are considered to be one period of disability unless they are separated by at least 6 months.
- Because you pay the entire cost of LTD coverage, benefits are not taxable.
- Your LTD insurance terminates when you reach age 65.

ALL EMPLOYEES

Other Income

Your LTD benefit is reduced by other income you are entitled to receive while you are disabled. Your benefit is first reduced by:

- disability or retirement benefits you are entitled to on your own behalf under the Canada Pension Plan or Quebec Pension Plan
- benefits under any Workers' Compensation Act or similar law
- employer sponsored short term disability or sick leave benefits
- loss of income benefits under an automobile insurance plan, to the extent permitted by law
- 50% of earnings received from an approved rehabilitation plan

There is a further reduction of your LTD benefit if the total of the income listed below exceeds 85 % of your monthly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

- your income under this plan
 - loss of income benefits available through legislation, except for Employment Insurance benefits and automobile insurance benefits, which you or another member of your family is entitled to on the basis of your disability
- the wage loss portion of any criminal injury award
- disability benefits under a plan of insurance available through an association

ALL EMPLOYEES

- employment income, disability benefits, or retirement benefits related to any employment except for income from an approved rehabilitation plan, or employer sponsored short term disability or sick leave benefits (termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are included as employment income under this provision)
- dividend income

The balance of any earnings received from an approved rehabilitation plan is not used to further reduce your LTD benefit unless that balance, together with your income from this plan and the other income listed above, would exceed your indexed monthly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

Cost-of-living increases in the other income listed above, that take effect after the benefit period starts, except for income from an approved rehabilitation plan, are not included.

Vocational Rehabilitation

Vocational rehabilitation involves a work related activity or training strategy that is designed to help you return to your own job or other gainful employment, and is recommended or approved by Canada Life. In considering whether to recommend or approve a rehabilitation plan, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

Medical Coordination

Medical coordination is a program, recommended or approved by Canada Life, that is designed to facilitate medical stability and provide you with cost effective, quality care. In considering whether to recommend or approve a medical coordination program, Canada Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

ALL EMPLOYEES

Survivor Benefit

If you die while LTD income benefits are being paid, Canada Life will pay 3 times your monthly LTD benefit to your beneficiary.

Limitations

No benefits are paid for:

- Disability that begins before your insurance starts or after it ends.
- Disability arising from a disease or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for 1 year, or you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date your insurance took effect.
- Any period after you fail to participate or cooperate in a prescribed plan of medical treatment appropriate for your condition.

Depending on the severity of the condition, you may be required to be under the care of a specialist.

If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance withdrawal program.

- Any period after you fail to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Canada Life.
- Any period after you fail to participate or cooperate in an approved rehabilitation plan.
- Any period after you fail to participate or cooperate in a recommended medical coordination program.

ALL EMPLOYEES

- Any period after you fail to participate or cooperate in a required medical or vocational assessment.
- The scheduled duration of a leave of absence.

This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.

Any period in which you are outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Canada Life pre-authorized the absence prior to your departure.

Any period of incarceration, confinement, or imprisonment by authority of law

Disability arising from war, insurrection, or voluntary participation in a riot.

Conversion Privilege

If you change jobs, you may apply for an individual LTD conversion policy without medical evidence. You must apply and pay the first premium no later than 31 days after you start your new job, and you must start your new job no later than 6 months after you leave your present one. Your application must be acceptable according to Canada Life's underwriting rules in effect for individual disability insurance conversion policies at the time of application. See your employer for details.

How to Make a Claim

Obtain an Employee Claim Submission Guide (form M4307) from your employer and follow the guide's instructions. Return the completed form to your employer as soon as possible, but no later than 3 months after proof of your claim has been requested.

ALL EMPLOYEES

HEALTHCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges for the following services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective, and it is of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury.

Covered Expenses

- Ambulance transportation to the nearest centre where adequate treatment is available
- Semi-private room and board in a hospital in Canada or the government authorized co-payment for accommodation in a nursing home is covered when provided in Canada and the treatment received is acute, convalescent or palliative care.
- Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.
- Convalescent care is active treatment or rehabilitation for a condition that will significantly improve as a result of the care and follows a 3 day confinement for acute care.
- Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

Semi-private room and board in an out-of-province hospital is covered when the treatment received is acute, convalescent or palliative care. For out-of-province accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in your home province is also covered.

ALL EMPLOYEES

The plan also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in your home province.

- Residences established primarily for senior citizens or which provide personal rather than medical care are not covered.
- Home nursing services of a registered nurse, a registered practical nurse if you are a resident of Ontario or a licensed practical nurse if you are a resident in any other province, when services are provided in Canada. No benefits are paid for services provided by a member of your family or for services which do not require the specific skills of a registered or practical nurse.

You should apply for a pre-care assessment before home nursing begins

- Drugs and drug supplies described below when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada. Benefits for drugs and drug supplies provided outside Canada are payable only as provided under the out-of-country emergency care provision.
 - Drugs which require a written prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed, including contraceptive drugs and products containing a contraceptive drug
 - Injectable drugs including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered
 - Disposable needles for use with non-disposable insulin injection devices, lancets, test strips and sensors for flash glucose monitoring machines
 - Extemporaneous preparations or compounds if one of the ingredients is a covered drug
 - Certain other drugs that do not require a prescription by law may be covered when they are prescribed. If you have any questions, contact your plan administrator before incurring the expense.
-

ALL EMPLOYEES

Unless medical evidence is provided to Canada Life that indicates why a drug is not to be substituted, Canada Life can limit the covered expense to the cost of the lowest priced interchangeable drug.

- For drugs eligible under a government drug plan, coverage is limited to the deductible amount and coinsurance you are required to pay under that plan.
- Rental or, at Canada Life's discretion, purchase of certain medical supplies, appliances and prosthetic devices prescribed by a physician
- Custom-made foot orthotics and custom fitted orthopedic shoes, including modifications to orthopedic footwear, when prescribed by a physician
- Hearing aids including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician.
- Speech aids, including Bliss boards and laryngeal speaking aids, prescribed by a physician when no alternative method of communication is possible
- Diabetic supplies, including insulin, syringes, Novolin pens, testing supplies and insulin infusion sets, when prescribed by a physician
- Blood-glucose monitoring machines prescribed by a physician
- Flash glucose monitoring machines.
- Continuous glucose monitoring machines prescribed by a physician, including sensors and transmitters
- Insulin Infusion sets, not including infusion pumps
- Diagnostic x-rays and lab tests
- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist

ALL EMPLOYEES

- Out-of-hospital treatment by a registered psychologist or qualified social worker
- Out-of-hospital treatment of nutritional disorders by a registered dietician
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays by a licensed podiatrist
- Out-of-hospital services of a qualified massage therapist
- Out-of-hospital treatment of speech impairments by a qualified speech therapist
- Out-of-hospital services of a qualified naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital services of a qualified acupuncturist

Out-Of-Country Care

- **Emergency care** outside Canada is covered if it is required as a result of a medical emergency arising while you or your dependent is temporarily outside Canada for vacation, business or education purposes. To qualify for benefits, you must be covered by the government health plan in your home province.

A medical emergency is either a sudden, unexpected injury, or a sudden, unexpected illness or acute episode of disease that could not have been reasonably anticipated based on the patient's prior medical condition.

Emergency care is covered medical treatment that is provided as a result of and immediately following a medical emergency.

ALL EMPLOYEES

If the patient's condition permits a return to Canada, benefits are limited to the lesser of:

- the amount payable under this plan for continued treatment outside Canada, and
- the amount payable under this plan for comparable treatment in Canada plus the cost of return transportation.

No benefits are paid for:

- any further medical care related to a medical emergency after the initial acute phase of treatment. This includes non-emergency continued management of the condition originally treated as an emergency
 - any subsequent and related episodes during the absence from Canada
 - expenses related to pregnancy and delivery, including infant care:
 - after the 34th week of pregnancy, or
 - at any time during the pregnancy if the patient's medical history indicates a higher than normal risk of an early delivery or complications.
 - expenses incurred more than 60 days after the date of departure from Canada. If you or your dependent is hospital confined at the end of the 60 day period, benefits will be extended to the end of the confinement.
 - **Non-emergency** care outside Canada is covered for you and your dependents if:
 - it is required as a result of a referral from your usual Canadian physician
 - it is not available in any Canadian province and must be obtained elsewhere for reasons other than waiting lists or scheduling difficulties
 - you are covered by the government health plan in your home province for a portion of the cost, and
 - a pre-authorization of benefits is approved by Canada Life before you leave Canada for treatment.
-

ALL EMPLOYEES

No benefits will be paid for:

- investigational or experimental treatment
- transportation or accommodation charges.

The plan covers the following services and supplies when related to out-of-country care:

- treatment by a physician
- diagnostic x-ray and laboratory services
- hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you or your dependent is covered
- medical supplies provided during a covered hospital confinement
- paramedical services provided during a covered hospital confinement
- hospital out-patient services and supplies
- medical supplies provided out-of-hospital if they would have been covered in Canada
- drugs
- out-of-hospital services of a professional nurse
- for emergency care only, ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available

Other Services And Supplies

Canada Life can, on such terms as it determines, cover services or supplies not otherwise covered under this policy where the service or supply represents reasonable treatment.

ALL EMPLOYEES

Global Medical Assistance Program

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Canada Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits. The following services are covered, subject to Canada Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of \$1,000
- If suitable local care is not available, medical evacuation to the nearest suitable hospital while travelling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment.
- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for a round trip economy class ticket and for moderate quality lodgings up to \$1,500.
- If you or a dependent is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to your or your dependent's medical condition, to a maximum of \$1,500.
- The cost of comparable return transportation home for you or a dependent and one travelling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation.
- In case of death, preparation and transportation of the deceased home

ALL EMPLOYEES

- Return transportation home for minor children travelling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary
- Costs of returning your or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of \$1,000. Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges. Meal expenses are not covered.

Visioncare

- Eye examinations, including refractions, when they are performed by a licensed ophthalmologist or optometrist
- Glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician
- Laser eye surgery required to correct vision when performed by a licensed ophthalmologist

ALL EMPLOYEES

Limitations

Canada Life can decline a claim for services or supplies that were purchased from a provider that is not approved by Canada Life.

Canada Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- Expenses private insurers are not permitted to cover by law
- Services or supplies for which a charge is made only because you have insurance coverage
- The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan
- Any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan") , without regard to whether coverage would have otherwise been available under this plan

In this limitation, government plan does not include a group plan for government employees

- Services or supplies that do not represent reasonable treatment
- Services or supplies associated with:
 - treatment performed only for cosmetic purposes
 - recreation or sports rather than with other daily living activities

ALL EMPLOYEES

- the diagnosis or treatment of infertility other than drugs
- contraception, other than contraceptive drugs and products containing a contraceptive drug
- Services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by Canada Life to be a covered service or supply .
- Extra medical supplies that are spares or alternates
- Services or supplies received outside Canada except as listed under Out-of-Country Care and Global Medical Assistance
- Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and benefits would have been paid for the same services or supplies if they had been received in your home province

This limitation does not apply to Global Medical Assistance

- Expenses arising from war, insurrection, or voluntary participation in a riot
- Services or supplies that Canada Life has determined are not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a service or supply is proportionate, Canada Life may take any factor into consideration including, but not limited to, the following:
 - clinical practice guidelines;
 - assessments of the clinical effectiveness of the service or supply, including by professional advisory bodies or government agencies;
 - information provided by a manufacturer or provider of the service or supply; and
 - assessments of the cost effectiveness of the service or supply, including by professional advisory bodies or government agencies.

ALL EMPLOYEES

- Chronic care
- Visioncare services and supplies required by an employer as a condition of employment.

The following non-prescription items are not covered:

- Drugs or drug supplies that appear on an exclusion list maintained by Canada Life. Canada Life may exclude coverage for all expenses for a drug or drug supply, or only those expenses that relate to the treatment of specific diseases or injuries or the stages or progressions of specific diseases or injuries. Canada Life may add or remove a drug or drug supply from an exclusion list at any time.

For greater certainty, a drug or drug supply may be added to an exclusion list for any reason including, but not limited to, the following:

- Canada Life determining that further information from professional advisory bodies, government agencies or the manufacturer of the drug or drug supply is necessary to assess the drug or drug supply; or
 - Canada Life determining that the drug or drug supply is not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury.
- Atomizers, appliances, prosthetic devices, or colostomy supplies
 - First aid or diagnostic supplies or testing equipment
 - Non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices
 - Delivery or extension devices for inhaled medications
 - Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas, or injectable total parenteral nutrition solutions

ALL EMPLOYEES

- Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances

In addition under the prescription drug coverage, no benefits are paid for:

- Any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100-day supply will be covered.
- Any drug which does not have a drug identification number as defined by the Food and Drugs Act, Canada
- Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
- Non-injectable allergy extracts
- Drugs that are considered cosmetic, such as topical minoxidil or sunscreens
- the following drugs when prescribed for a student over age 24 who is your dependent child and you are a resident in Quebec:
 - Drugs or drug supplies not listed in the Liste de Medicaments Publiee par la Regie de L'Assurance-Maladie du Quebec in effect on the date of purchase.
 - drugs or drug supplies received outside Quebec.
- Preventative immunization vaccines and toxoids
- Drugs used to treat erectile dysfunction

Note: If you are age 65 or older and reside in Quebec, you cease to be covered under this plan for basic prescription drug coverage and are covered under the basic plan provided by the *Régie de l'assurance-maladie du Québec*, unless you elect to be covered under this plan as set out below.

ALL EMPLOYEES

A one-time election may be made to be covered under this plan. You must make this election and communicate it to your employer by the end of the 60-day period immediately following:

- the date you reach age 65; or
- the date you become a resident of Quebec, within the meaning of the Health Insurance Act, Quebec, if you are age 65 or over.

While your election to be covered under this plan is in effect, you will be deemed not to be entitled to the basic plan provided by the *Régie de l'assurance-maladie du Québec*.

"Basic prescription drug coverage" means the portion of drug expenses that is reimbursed by the *Régie de l'assurance-maladie du Québec*.

Prior Authorization

In order to determine whether coverage is provided for certain services or supplies, Canada Life maintains a limited list of services and supplies that require prior authorization.

Prior authorization is intended to help ensure that a service or supply represents reasonable treatment.

If the use of a lower cost alternative service or supply represents reasonable treatment, Canada Life may require a person to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

ALL EMPLOYEES

Health Case Management

Health case management is a program recommended or approved by Canada Life that may include but is not limited to:

- . consultation with the person and his attending physician to gain understanding of the treatment plan recommended by the attending physician;
- . comparison with the person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- . identification to the person's attending physician of opportunities for education and support; and
- . monitoring the person's adherence to the treatment plan recommended by the person's attending physician.

In determining whether to implement health case management, Canada Life may assess such factors as the service or supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Health Case Management Limitation

Canada Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:

- Canada Life has implemented health case management and the person does not participate or cooperate; or
- the person has not adhered to the treatment plan recommended by his attending physician with respect to the use of the service or supply.

Health Case Management Expense Benefit

Expenses associated with health case management may be paid for by Canada Life at its discretion. Expenses claimed under this provision must be pre-authorized by Canada Life.

ALL EMPLOYEES

Designated Provider Limitation

For a service or supply to which prior authorization applies or where Canada Life has recommended or approved health case management, Canada Life can require that the service or supply be purchased from or administered by a provider designated by Canada Life, and;

- limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Canada Life to the cost of the service or supply had it been purchased from the provider designated by Canada Life; or
- decline a claim for a service or supply that was not purchased from or administered by a provider designated by Canada Life

Patient's Assistance Program

A patient assistance program means a program that provides assistance to persons with respect to the purchase of services or supplies.

Canada Life can require a person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Canada Life can reduce the amount of a covered expense for a service or supply by an amount up to the amount of financial assistance the person is entitled to receive for that service or supply under a patient assistance program.

How to Make a Claim

- **Out-of-country claims (including those for Global Medical Assistance expenses)** should be submitted to Canada Life as soon as possible after the expense is incurred. It is very important that you send your claims to the Canada Life Out-of-Country Claims Department immediately as your Provincial Medical Plan has very strict time limitations.

ALL EMPLOYEES

Access My Canada Life at Work to obtain a personalized claim form or obtain form M5432 (Statement of Claim Out-of-Country Expenses form) from your employer. . You must also obtain the Government Assignment form, and residents of British Columbia, Quebec and Newfoundland & Labrador must also obtain the Special Government Claim form. The Canada Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required.

You should complete all applicable forms, making sure all required information is included. Attach all original receipts and forward the claim to the Canada Life Out-of-Country Claims Department. Be sure to keep a copy for your own records. The plan will pay all eligible claims including your Provincial or Territorial Medical Plan portion. Your Provincial or Territorial Medical Plan will then reimburse the plan for the government's share of the expenses.

Out-of-country claims must be submitted within a certain time period that varies by province or territory. For the claims submission period applicable in your province or territory or for any other questions or for assistance in completing any of the forms, please contact Canada Life's Out-of-Country Claims Department a 1-800-957-9777.

You may submit all Healthcare claims online. To use this online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Online claims must be submitted to Canada Life as soon as possible, but no later than 12 months after you incur the expense.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

We also accept paper claims for all Healthcare expenses. Access My Canada Life at Work to obtain a personalized claim form or obtain form M635D from your employer. Complete this form making sure it shows all required information.

ALL EMPLOYEES

Attach your receipts to the claim form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than 15 months after you incur the expense.

- **For drug claims**, your employer will provide you with a prescription drug identification card. Present your card when purchasing drugs at any of the **participating pharmacies**.

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks, the pharmacist may refuse to dispense the prescribed drug.

When purchasing drugs at a **non-participating pharmacy**, you will be required to pay the full price of the prescription and the Assure Claims check will not be available. For reimbursement, ask your employer for a prescription drug claim form. Attach your drug receipts to the completed claim form and mail it to the address on the claim form.

ALL EMPLOYEES

**DIAGNOSTIC AND TREATMENT SUPPORT SERVICES
(Teladoc Medical Experts)**

This service is designed to allow access to the expertise of specialists, resources, information and clinical guidance.

You, your dependents, parents and parents in-law (each a "person" for the purpose of this service) can generally access this service. This service is made up of a unique step-by-step process that may help address questions or concerns about a physical or mental illness or condition. This may include confirming the diagnosis and suggesting the most effective treatment plan.

How it works

- Access diagnostic and treatment support services by calling 1-877-419-2378 toll free or via teladoc.ca/canadalife/.
- The person accessing the service will be connected with a member advocate who will be dedicated to his or her case and will provide support through the process. The member advocate will take the necessary medical history and answer the person's questions. Any information provided is not shared with either your employer or the administrator of your health plan.
- Based on the information provided, the member advocate determines the optimal level of service required.
- The member advocate may provide information, resources, guidance and advice individually tailored to meet the covered person's health needs, and can help identify individual community supports and resources available.
- If it is appropriate, the member advocate may arrange for an in-depth review of the covered person's medical file to assist in confirming the diagnosis and help develop a treatment plan. This review may include collecting, deconstructing and reconstructing medical records, pathology retesting and analyzing test results. A written report outlining the conclusions and recommendations of the specialists will be forwarded to the person accessing the service. Generally, this process takes several weeks. Timeframes may vary depending on the complexity of the case and amount of medical records to collect.

ALL EMPLOYEES

- If the covered person decides to seek treatment by a different physician, a member of the Teladoc Medical Experts Team can help identify a specialist qualified to meet the person's specific medical needs either in their geographic area or outside of Canada. Expenses incurred for travel and treatment are not covered by this service.
- The member advocate may identify a Teladoc Medical Experts specialist suited to answer basic questions about health concerns and treatment options. Answers will be provided in a written report sent by email to the person accessing the service.

Access to this service may be restricted to persons for whom their physician has made a diagnosis of a physical or mental illness or condition for which there is objective evidence, or where a physical or mental illness or condition is suspected.

These services are not insured services. Canada Life is not responsible for the provision of the services, their results, or any treatment received or requested in connection with the services.

ALL EMPLOYEES

VIRTUAL HEALTH SERVICES

Virtual health services are available to you and your dependents by downloading the service provider's application specified by Canada Life from time to time. These services include the following:

- access to virtual health services 24 hours a day, 7 days a week
- unless prohibited by applicable laws, access to an unlimited number of consultations via telephone calls, text messaging and videoconferencing with medical professionals
- prescriptions and prescription renewals, when medically needed
- where diagnostic or laboratory tests are medically needed:
 - completion of necessary requisitions
 - results of the diagnostic or laboratory tests provided and accessible through the provider's application
- access to specialists such as psychologists, dieticians and work and life coaches for an additional fee
- access to self-guided internet-based cognitive behavioral therapy (iCBT)

ALL EMPLOYEES

DENTALCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges to the extent they do not exceed the dental fee guide level shown in the **Benefit Summary**. Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.

All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is recognized by the Canadian Dental Association, it is proven to be effective, and it is of a form, frequency, and duration essential to the management of the person's dental health. To be considered reasonable, treatment must also be performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a denturist.

Frequency limitations or maximums expressed in years refer to 12-month periods and not calendar years.

Treatment Plan

- Before incurring any large dental expenses, ask your dental service provider to complete a treatment plan and submit it to Canada Life. It is recommended that a person submit a treatment plan to Canada Life before having dental treatment that will cost \$200 or more. Canada Life will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

ALL EMPLOYEES

Basic Coverage

The following expenses will be covered:

- Diagnostic services including:
 - one complete oral examination every 36 months
 - limited oral examinations once every 9 months, except that only one limited examination is covered in any 12-month period that a complete oral examination is also performed
 - limited periodontal examinations twice every 12 months
 - complete series of x-rays every 36 months
 - intra-oral x-rays to a maximum of 15 films every 36 months and a panoramic x-ray every 36 months. Services provided in the same 12 months as a complete series are not covered
 - Preventive services including:
 - polishing and topical application of fluoride each once every 9 months
 - scaling, limited to a maximum combined with periodontal root planing of 10 time units every 12 months
- A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval.
- pit and fissure sealants on bicuspid and permanent molars every 60 months
 - space maintainers including appliances for the control of harmful habits
 - finishing restorations

ALL EMPLOYEES

- interproximal diskling
- recontouring of teeth
- Minor restorative services including:
 - caries, trauma, and pain control
 - amalgam and tooth-coloured fillings. Replacement fillings are covered only if the existing filling is at least 2 years old or the existing filling was not covered under this plan
 - retentive pins and prefabricated posts for fillings
 - prefabricated crowns for primary teeth
- Endodontics. Root canal therapy for permanent teeth will be limited to one course of treatment per tooth. Repeat treatment is covered only if the original treatment fails after the first 18 months
- Periodontal services including:
 - root planing, limited to a maximum combined with preventive scaling of 10 time units every 12 months
 - occlusal adjustment and equilibration, limited to a combined maximum of 4 time units every 12 months
- Denture maintenance, after the 3-month post-insertion care period, including:
 - denture relines for dentures at least 6 months old, once every 36 months
 - denture rebases for dentures at least 2 years old, once every 36 months
 - resilient liner in relined or rebased dentures, once every 36 months
 - denture repairs and additions and resetting of denture teeth

ALL EMPLOYEES

- denture adjustments, once every 12 months
- Oral surgery
- Adjunctive services

Major Coverage

- Crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns
- Onlays. Coverage for tooth-coloured onlays on molars is limited to the cost of metal onlays

Replacement crowns and onlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable

- Standard complete dentures, standard cast or acrylic partial dentures or complete overdentures or bridgework when required to replace one or more teeth extracted while the person is covered. Overdentures and bridgework are covered only when standard complete or partial dentures are not viable treatment options. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics. Replacement appliances are covered only when:

- the existing appliance is a covered temporary appliance
- the existing appliance is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable as a result of the placement of an initial opposing appliance or the extraction of additional teeth.

If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth

- Denture-related surgical services for remodelling and recontouring oral tissues

ALL EMPLOYEES

- Denture and bridgework maintenance following the 3-month post-insertion period including:
 - denture remakes, once every 36 months
 - denture adjustments, once every 12 months
 - denture repairs and additions, tissue conditioning and resetting of denture teeth
 - repairs to covered bridgework
 - removal and recementation of bridgework

Accidental Dental Injury Coverage

- Treatment of injury to sound natural teeth. The injury must result from an external blow to the mouth. Treatment must start within 60 days after the accident unless delayed by a medical condition

A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

Late Applicant Restrictions

If you do not apply for dentalcare coverage within one month after you become eligible, benefits will be subject to the following restrictions, unless the expenses are incurred solely as a result of an accident occurring after the coverage takes effect:

- Basic Coverage expenses are limited to \$100 during the first 12 months of your coverage
- No benefits will be paid for Major Coverage expenses during the first 12 months of your coverage

ALL EMPLOYEES

Limitations

No benefits are paid for:

- Duplicate x-rays, custom fluoride appliances, any oral hygiene instruction and nutritional counselling
- The following endodontic services - root canal therapy for primary teeth, isolation of teeth, enlargement of pulp chambers and endosseous intra coronal implants
- The following periodontal services - desensitization, topical application of antimicrobial agents, subgingival periodontal irrigation, charges for post surgical treatment and periodontal re-evaluations
- The following oral surgery services - implantology, surgical movement of teeth, services performed to remodel or recontour oral tissues (other than minor alveoloplasty, gingivoplasty and stomatoplasty) and alveoplasty or gingivoplasty performed in conjunction with extractions. Services for remodelling and recontouring oral tissues will be covered under Major Coverage
- Hypnosis or acupuncture
- Veneers, recontouring existing crowns, and staining porcelain
- Crowns or onlays if the tooth could have been restored using other procedures. If crowns, onlays or inlays are provided, benefits will be based on coverage for fillings
- Orthodontic coverage
- Overdentures or initial bridgework if provided when standard complete or partial dentures would have been a viable treatment option.

If overdentures are provided, coverage will be limited to standard complete dentures.

ALL EMPLOYEES

If initial bridgework is provided, coverage will be limited to a standard cast partial denture and restoration of abutment teeth when required for purposes other than bridgework

If additional bridgework is performed in the same arch within 60 months, coverage will be limited to the addition of teeth to a denture and restoration of abutment teeth when required for purposes other than bridgework

Benefits will be limited to standard dentures or bridgework when equilibrated and gnathological dentures, dentures with stress breaker, precision and semi-precision attachments, dentures with swing lock connectors, partial overdentures and dentures and bridgework related to implants are provided

- Accidental dental injury expenses for injury caused by an object wittingly or unwittingly placed in the mouth, treatment performed more than 12 months after the accident, denture repair or replacement, or any orthodontic services
- Expenses private plans are not permitted to cover by law
- Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has insurance coverage
- Services or supplies that do not represent reasonable treatment
- Treatment performed for cosmetic purposes only
- Congenital defects or developmental malformations in people 19 years of age or over
- Temporomandibular joint disorders, vertical dimension correction or myofacial pain
- Expenses arising from war, insurrection, or voluntary participation in a riot

ALL EMPLOYEES

How to Make a Claim

- **Claims for expenses incurred in Canada** may be submitted online. Access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer and have your dental service provider complete the form. The completed claim form will contain the information necessary to enter the claim online. To use the online service you will need to be registered for My Canada Life at Work and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Online claims must be submitted to Canada Life as soon as possible, but no later than 12 months after the dental treatment.

You must retain your receipt for 12 months from the date you submit your claim to Canada Life as a record of the transaction, and you must submit it to Canada Life on request.

- **For all other Dentalcare claims** not submitted online, access My Canada Life at Work to obtain a personalized claim form or obtain form M445D from your employer. Have your dental service provider complete the form and return it to the Canada Life Benefit Payment Office as soon as possible, but no later than 15 months after the dental treatment.

ALL EMPLOYEES

EMPLOYEE ASSISTANCE PROGRAM

The Contact employee assistance program provides you and your dependents with access to confidential counselling and information services. Sessions can be conducted in-person, over the telephone or via the internet, for issues that include the following:

- marital/relationship
- family (including child care/elder care concerns)
- personal and emotional
- alcohol/drug misuse and/or abuse
- violence
- single parenting
- bereavement
- work and career
- stress
- smoking cessation

Other services the Contact employee assistance program provides include the following:

- information on child care and elder care issues
- legal assessment and general information on certain legal issues
- information on certain financial issues
- nutrition information on common nutritional questions and concerns
- health coaching

ALL EMPLOYEES

The services provided under the Contact employee assistance program are available by dialling the toll-free number shown below. This toll-free number is staffed 24 hours a day, 7 days a week by intake counsellors who can provide immediate support and counselling, respond to crisis or emergency situations, or schedule appointments.

For service in English or French:	1-866-289-6749
TTY:	1-877-338-0275

For more information on the services available under the Contact employee assistance program, please see the employee assistance program brochure provided by your plan administrator or visit the employee assistance program: **www.login.lifeworks.com**.

ALL EMPLOYEES

COORDINATION OF BENEFITS

- Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.
- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:
 1. the plan of the parent with custody of the child;
 2. the plan of the spouse of the parent with custody of the child;
 3. the plan of the parent without custody of the child;
 4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.

ALL EMPLOYEES

Employer Role

The employer's role is limited to providing employees with information and not advice.

Protecting Your Personal Information

At Canada Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Canada Life or the offices of an organization authorized by Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the personal information to administer the group benefits plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- investigating and assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- creating and maintaining records concerning our relationship
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

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As plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Canada Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

• **Notice to Quebec Residents Regarding Prescription Drug Coverage**

The prescription drug plan described in this booklet complies with the minimum requirements of Quebec Bill 33 - An act respecting prescription drug coverage.

ALL EMPLOYEES

This Booklet Contains Important Information And Should Be Kept In A Safe Place Known To You And Your Family

This Plan is underwritten by

THE
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and arranged by

PATRICK BARKWELL

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