

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

The Accidental Death & Dismemberment program provides benefits for **losses** or **loss of use** that occur as the result of an **accident** only. Coverage is provided 24 hours per day, on or off the job.

BASIC COVERAGE (Component of Basic Group Life Insurance)

The coverage provided is a principal sum equal to the Basic Group Life Insurance (1 x the annual salary), and provides protection for the employee only. The designated beneficiary is the same as that indicated for the Basic Group Life program. The premium for coverage is paid 100% by the employer.

Also included in the Basic protection for employees under age 65:

Critical Illness – the coverage provided is \$2,000 in the event of diagnosis of one of the following conditions:

Heart Attack;
Coronary Artery Bypass Surgery;
Stroke or Cerebrovascular incident (CVA); and
Cancer (certain types of cancer are not covered).

The employee must survive 90 days following the date of diagnosis of Life Threatening Cancer or 30 days following the date of diagnosis of other eligible Critical Illness (survival period). Notice of claim must be provided to the insurance company within **30 days** after the date a diagnosis is made. The completed application forms must be provided to the insurance company within **90 days** after the date a diagnosis is made. Failure to provide such proof within such time will not invalidate the claim, if it is shown not to have been reasonably possible to apply during this time and the application was provided as soon as reasonably possible, but **not later than one year** after the date of the diagnosis.

Pre-existing condition limitation: if an employee has received medical consultation, treatment, care, services or has been prescribed medication during the 24 months immediately prior to their effective date of coverage, no benefit will be paid under the critical illness component.

SUPPLEMENTARY COVERAGE (Component of Supplementary Group Life Insurance)

Again, this is coverage that is provided for the employee only and is equal to the Supplementary Group Life coverage, either at an additional 1 x or 2 x the annual salary. The designated beneficiary is the same as that indicated for the Supplementary Group Life program. The premium for this coverage is paid 100% by the employee and is included in the Supplementary Life rate.

Also included in the Basic and Supplementary protection for the employees only:

Comatose Benefit – the amount of the principal sum (1 x annual salary) will be paid so long as the individual becomes comatose within 365 days after the date of the accident and remains so for 60 days.

VOLUNTARY PROGRAM (Optional)

This coverage is available to employees and their dependents in units of \$10,000 to a maximum principal sum of \$500,000.

The voluntary coverage can be cancelled at any time.

With the selection of an amount of insurance with the family option, dependents will be insured for an amount equal to:

- spouse: 50% of coverage selected (60% if no children)
- each child: 15% of coverage (20% if no spouse)

TABLE OF LOSSES FOR AD&D INSURANCE

If injury results within 365 days after the date of the accident, benefits will be paid in accordance with the table of losses.

Not more than one million (\$1,000,000) dollars will be payable (except as indicated) for all losses as a result of any one accident.

Loss of:	Amount Payable
Life	100% Principal Sum
Entire sight of One Eye	100% Principal Sum
Speech	100% Principal Sum
Hearing in One Ear	66.66% Principal Sum
Hearing in Both Ears	100% Principal Sum
Speech and Hearing (both ears)	200% Principal Sum
All Toes on One Foot	25% Principal Sum

For Loss or Loss of Use of:

One Arm	100% Principal Sum
One Leg	100% Principal Sum
One Hand	100% Principal Sum
One Foot	100% Principal Sum
Thumb and Index Finger	33-1/3% Principal Sum
or at Least Three Fingers of One Hand	

***For Total Paralysis of:**

Both Upper and Lower Limbs (Quadriplegia)	200% Principal Sum
Both Lower Limbs (Paraplegia)	200% Principal Sum
Upper/Lower Limbs of One Side (Hemiplegia)	200% Principal Sum

** If loss of life occurs within 90 days after the date of an accident, the maximum amount payable will not exceed the Principal Sum.*

DEFINITION OF LOSS

"Loss" of:

hand or foot: the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint.

arm or leg: the complete severance through or above the elbow or knee joint.

thumb: the complete severance of one entire phalanx of the thumb.

finger: the complete severance of two entire phalanges of the finger.

toe: the complete severance of one entire phalanx of the big toe and all phalanges of other toes.

eye: the irrecoverable loss of the entire sight.

speech: the complete and irrecoverable loss of the ability to utter intelligible sounds.

hearing: the complete and irrecoverable loss of hearing.

quadriplegia, paraplegia and hemiplegia: the complete and irreversible paralysis of such limbs.

loss of use: the total and irrecoverable loss of use, provided the loss is continuous for 12 consecutive months and this loss of use is determined to be permanent at the end of this period.

ADDITIONAL BENEFITS

Education - If you sustain an accidental loss of life for which a benefit is payable under the program, your dependent child who is a full time student (grade 12 or above) will be entitled to receive 5% of your principal sum - to a maximum of \$5,000 per year (for all policies) for a maximum of 4 consecutive years.

Rehabilitation - special training to assist your efforts to return to a different occupation after suffering a loss for which benefits are payable under the table of losses, maximum period of 3 years, to a maximum benefit of \$15,000 for all policies.

Repatriation - return transportation of deceased person (when the death is the result of an accident) at least 50 kms from home, to a maximum benefit of \$15,000, for all policies.

Occupational Training - to assist your spouse, at the time of your death for which a benefit is payable under this program, with upgrading of employment skills - available to a maximum period of 3 years, to a maximum benefit of \$15,000, for all policies.

Family Transportation - if you or your dependents are hospitalized due to an injury for which benefits are payable under the table of losses, or for any other injury, for a period of at least 4 days in a hospital that is more than 150 kms from home, the actual expenses for accommodations and transportation to a maximum of \$15,000, for all policies, will be paid with respect to family members.

Child Enhancement - benefits for your dependent children are doubled for all losses other than loss of life, or paralysis.

Common Disaster - if you elect family coverage, and you and your spouse suffer loss of life in same accident or separate accident occurring within 24 hours, coverage for your spouse will increase to 100% of your principal sum.

Escalation Benefit - the amount of the principal sum (Voluntary Program only) is automatically increased by 1% on November 1st of each year to a maximum of 5%, provided there is no interruption in coverage.

In-Hospital Benefit - if you or your dependents are hospitalized for a condition, which results in a "loss" for which benefits are payable under the table of losses, an amount equal to 1/30th of 1% of the principal sum will be paid for each day of hospitalization to a monthly maximum of \$2,500. This benefit is also payable for a period of hospitalization as a result of accidental causes, even if there are no benefits payable under the table of losses, provided the period of hospitalization is for at least 4 days.

Extended Family - in the event of your death from any cause, coverage for your dependents will be continued without premium for 6 months.

Exposure and Disappearance - if by reason of accident you or your dependents are unavoidably exposed to the elements and such exposure results in a covered loss, such loss will be covered. If you or your dependents are not found within one year of the disappearance, sinking or wrecking of a conveyance in which you or your dependents are riding at the time of the accident, it will be presumed that loss of life has resulted from bodily injury caused by an accident.

Aircraft Coverage - a person is covered while riding as a passenger in a certified aircraft, not as a pilot, operator, or member of a crew (other than employees who are hired as pilots).

Permanent Total Disability - if you become totally disabled within 365 days from the date of an accident and is unable to engage in each and every occupation or employment for which he/she is or may become qualified, a lump sum payment will be paid; which, when combined with any other benefits payable under this Program does not exceed the amount of the principal sum. Payment will not be made until the period of disability has been shown to be permanent and total for a period of at least 12 consecutive months.

Day-Care - in the event of death by accident, a 'loss' benefit is payable and a day-care benefit is payable for each dependent child who is enrolled in a day-care on the date of the loss or becomes enrolled within 1 year. The benefit is 5% of the principal sum, to a maximum of \$5,000 for each year to a maximum period of 4 consecutive years (i.e., maximum benefit of \$20,000 per child).

Cosmetic Disfigurement - if you suffer cosmetic disfigurement as the result of a third degree burn, an amount based on the percentage of the principal sum and the percentage of body surface burned, will be payable. The amount of benefit ranges from 9% (burn to thigh) to 99% (burn to face, neck and head) of the principal sum.

Identification - if you die and a member of the immediate family is required to travel (not less than 150 kms) to identify the body, reasonable and necessary expenses will be reimbursed to a maximum of \$5,000.

Home Alteration and Vehicle Modification - if you suffer the 'loss' or 'loss of use' of both feet or legs, or become paralyzed as the result of an accident, reasonable and necessary expenses incurred within 3 years of the date of the accident will be paid for

alterations to your principal residence and/or your motor vehicle. The maximum benefit is \$25,000. The insurer requires original receipts for alterations.

Workplace Modifications and Accommodations - if you have suffered from injuries and losses that necessitate the use of special adaptive equipment and/or workplace modifications to accommodate your return to active full-time work, this benefit will cover the necessary expenses in connection with all injuries, resulting from any one accident to a maximum of \$5,000.

Psychological Therapy – if you have suffered any injuries and losses and require 'Psychological Therapy' within two years from the date of the injury, the maximum amount payable for this benefit, for all injuries resulting from any one accident, is \$5,000. Psychological Therapy means treatment or counseling by a therapist or counselor, who is licensed, registered, or certified to provide the treatment.

Bereavement – in the event of your death, grief counseling provided by a therapist or counselor, who is licensed, registered or certified to provide such treatment and who is not a member of the immediate family, is available for the spouse and/or dependent children with 365 days of the date of the accident. The maximum amount payable for this benefit is \$1,000.

Felony Assault – if you suffer injuries and losses caused by the deliberate act of another person, including an act directed at a group of employees at work, where the act is a felony, indictable offence, misdemeanor, summary conviction offence, riot or attempted acts, and not the act of a fellow employee or a member of the employee's family or household, this benefit is equal to 10% of the principal sum.

Seat Belt – an additional 10% of your Principal Sum (up to a maximum of \$50,000) will be paid if the deceased insured was a passenger and wearing a seat belt at the time of the accident.

Funeral – \$5,000 will be paid to the person who incurs the expenses relating to cremation, burial or funeral expenses.

CLAIMS

Claims must be reported to the insurance company **as soon as possible**, but not later than **one year** after the date of the accident.

LIMITATIONS / EXCLUSIONS

The Program does not cover any loss, fatal or non-fatal, caused or contributed by:

- self-inflicted injury while sane or insane;
- declared or undeclared war or any act thereof;
- active full-time service in the armed forces of any country; or
- aircraft travel, except as specifically provided for under the aircraft coverage described in the Additional Benefits section.

Additional information is included in the General Information pamphlet.

No rights are conferred by this pamphlet. For more or updated information, contact your Human Resource office or Vestcor Pension Services Corporation at (506) 453-2296 or toll free in Canada at 1-800-561-4012.

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