

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Benefits

This benefit is available in units of \$1,000, as elected at time of application, up to a maximum of \$250,000.

Eligibility

All primary Insured members are eligible for Accidental Death & Dismemberment coverage. Coverage is not available for spouses or Dependent children of the primary Insured member.

Aggregate Limit of Liability: \$10,000,000

The Insurer shall not be liable for any amount in excess of the above stated aggregate limit of liability.

If the aggregate amount of all indemnities otherwise payable by reason of coverage provided under this policy exceeds such aggregate limit of liability, the Insurer shall not be liable as respects each insured for a greater proportion of the indemnity otherwise payable than the aggregate limit of liability bears to the aggregate amount of all such indemnities.

Coverage

If such injuries shall result in any one of the following specific losses within one year from the date of Accident, the Insurer will pay the benefit specified as applicable thereto, based upon the principal sum stated in the Insured Person's application provided, however, that not more than one (the largest) of such Benefits shall be paid with respect to all injuries resulting from one Accident.

For the Loss of:	% of Principal Sum Payable
Life	100%
One Hand & One Foot	100%
One Hand or One Foot And the Sight of one Eye	100%
Both Hands or Both Feet or the Sight of Both Eyes	100%
Speech and Hearing in Both Ears	100%
Sight of One Eye	66 2/3%
Hearing in Both Ears	66 2/3%
Speech	66 2/3%
Thumb & Index Finger of Same Hand	33 1/3%
Hearing in One Ear	25%
Loss of Four Fingers of the Same Hand	33 1/3%
Loss of All Toes of the Same Foot	12 1/2%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%

“Loss” shall mean:

- With respect to hand or foot, the actual severance through or above the wrist or ankle joint;
- With respect to arm or leg, the actual severance through or above the elbow or knee joint;
- With respect to eye, the total and irrecoverable loss of sight;
- With respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree;
- With respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid of device;
- With respect to thumb and index finger, the actual severance through or above the first phalange;

- With respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand;
- With regard to toes, the actual severance of both phalanges of all toes of the same foot.

“Loss” as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs.

“Loss of use” shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Insurer to be permanent.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the Benefits afforded an Insured Person.

If the body of an Insured Person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident, it shall be presumed subject to all other conditions of the policy, that the Insured Person suffered loss of life resulting from bodily injuries sustained in the Accident and covered under this policy.

PROVISIONS

Notice of Claim: Written notice of claim must be given to the Insurer within 30 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice by or on behalf of the claimant to the Insurer or to any authorised agent of the Insurer, with information sufficient to identify the Insured Person, shall be deemed notice to the Insurer.

Claim Forms: The Insurer, upon receipt of written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proofs of Loss: Written proof of loss must be furnished to the Insurer within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

Time of Payment of Claim: Indemnities payable under this policy will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims: Indemnity for accidental loss of life will be payable to the beneficiary of record in a lump sum. The lump sum payment will be made immediately upon receipt of the required proofs of claim.

If, at the death of the Insured Person, there is no surviving beneficiary, the accidental loss of

life indemnity shall be payable in one sum to the estate of the Insured Person.

All other indemnities will be payable to the Insured Person.

Physical Examinations and Autopsy: The Insurer at its own expense shall have the right and opportunity to examine the body of any Insured Person whose Injury is the basis of claim when and as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years (or the minimum time, if more than three years, permitted by law in the province where the Insured Person resides) after the time written proof of loss is required to be furnished.

Designation or Change of Beneficiary: Subject to any statutory restrictions, an eligible Insured Person may designate a beneficiary to receive death Benefits payable under this policy or may change any beneficiary already appointed, by filing written notice. No designation or change of beneficiary under the policy shall be binding upon the Insurer until the original or a duplicate thereof is received by the designated custodian or beneficiary records. No assignment of interest shall be binding upon the Insurer until the original or a copy thereof is received by the Insurer. The Insurer assumes to responsibility for the validity or legal sufficiency of such designation or change of beneficiary assignment.

Conformity with Provincial Statutes: Any provision of this policy which, on its Effective Date, is in conflict with the statutes of the province in which this policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such province.

Workers' Compensation Laws: This policy is not in lieu of and does not affect any requirements for coverage under any Workers' Compensation Law.

Please refer to the General Exclusions section for additional limitations.