

**Accidental Death and Dismemberment Insurance**  
**Policy #1C190**  
**A Mandatory Insurance Program**  
**for Members of the**  
**Canadian Volunteer Fire Services Association (CVFSA)**

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This booklet is an important document.  
Please keep it in a safe place.



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This booklet is an outline of SSQ Insurance Company Inc. Accidental Death and Dismemberment insurance program offered to Members of the CVFSA. It is designed to help you learn more about the coverage offered under this insurance program. This booklet should be retained for reference.

The Accidental Death and Dismemberment #1C190 group insurance program's Master Application, endorsements and attached papers, if any, and the entire contract of insurance, all referred to hereafter as the "Policy", set forth the terms and conditions of the insurance program. All rights and obligations are determined in accordance with the Policy, not this booklet. For exact provisions of coverage offered, please contact your Human Resources department.

## **INTRODUCTION**

### **What is Accidental Death and Dismemberment insurance?**

Accidental Death and Dismemberment insurance offers the financial protection needed in case of an accident to help alleviate financial setbacks for you and your loved ones. Accidental Death and Dismemberment coverage provides payment in the event of an accident resulting in death or serious injury. The amount that is paid will depend upon the type of injury.

### **Who needs Accidental Death and Dismemberment insurance?**

Everyone should plan for their financial security because accidents happen. According to Statistics Canada (2006), unintentional injury is the 5th leading cause of death in Canada. Nowadays, few people set money aside for emergency needs, so this coverage provides you with protection when it is most needed. Not only does Accidental Death and Dismemberment coverage help lighten the financial burden you or your family may experience due to an accident but most importantly it will provide you with a peace of mind.

### **Why should you consider Accidental Death and Dismemberment insurance?**

Because no one is immune to accidents, Accidental Death and Dismemberment insurance is perceived as a valuable addition to any group insurance plan. Accidents happen and their impact may be devastating to you and your loved ones. Recovery from an accident may take a while and may cost you more than you'd expect. That is why it is beneficial to make Accidental Death and Dismemberment insurance a part of your group insurance plan as it provides necessary resources when they are most needed.

### **What are the advantages of your coverage?**

With our group Accidental Death and Dismemberment insurance, you benefit from:

- Comprehensive coverage

- Extensive list of benefits
- 24-hour, year round and worldwide coverage
- Efficient claims service

## **Definitions – for a better comprehension of this booklet**

Wherever used in this booklet:

- "Accident" means a sudden and unexpected mishap or event in which an Insured Person is involved and which directly results in an Injury to the Insured Person.
- "Accommodation" means lodging at a hotel, motel, inn, bed and breakfast or other like establishment as well as food reasonably required during the lodging, provided however that no indemnity will be paid for lodging at a private residence or for food not consumed as meals by the person seeking reimbursement of expenses.
- "Brain Damage" means irreversible physical damage to the brain causing complete incapacity of performing all the substantial and material functions and activities normal to everyday life.
- "Commencement of Total Disability" means the date of commencement of the Insured Person's Total Disability, as determined by a Physician, which date must be subject to the satisfaction of the Insurer that, on that date, the Insured Person has met all criteria for Total Disability.
- "Day-Care Centre" means a facility, which is run according to the law, including laws and regulations applicable to day-care facilities, and which provides care and supervision for children in a group setting on a regular basis. A Day-Care Centre will not include a hospital, the child's home or school if the only care at such school is provided during normal school hours while the Dependent Child is attending school from grades 1 through 12.
- "Dependent Child" means a natural child, adopted child, stepchild or child with who is in a parent-child relationship with you. The child must be dependent upon you for maintenance and support and:

(1) under 21 years of age; or

- (2) under 25 years of age (26 in the province of Quebec) and in attendance at an Institution for Higher Learning on a full-time basis; or
  - (3) no matter his age on the date of the claim, have been struck with a Functional Disability while satisfying the criteria under paragraphs (1) or (2) above. Proof of existence of this Functional Disability, including the determination by a Physician that the disability exists and when it occurred, must be presented to the Insurer within 31 days after the child reaches the age at which he would otherwise no longer qualify as a Dependent Child under paragraph (1) or (2) above. Thereafter, the Insurer may periodically require that other proof be submitted establishing to its satisfaction that the Functional Disability still exists and that the child otherwise meets the definition of Dependent Child, failing which, the Insurer may determine that the child no longer qualifies as a Dependent Child under the Policy.
- "Fare" means the regular fare charged for:
    - (1) an economy class seat on a regular flight by a domestic or international scheduled air carrier;
    - (2) a coach seat on a passenger train;
    - (3) a regular seat on a passenger bus;
    - (4) an economy class accommodation on a boat.

Each of those carriers must hold a current and valid certificate issued by Transport Canada or, if subject to regulation in another country by a similar governmental authority having jurisdiction in that country.

- "Functional Disability" means an irreversible and serious limitation of a person's physical or mental capacity or of their skills that prevents the person from living independently.
- "Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.
- "Hospital" means an institution licensed as a hospital within the jurisdiction in which it operates. To qualify under this definition, a hospital must be an active treatment hospital open at all times for the care and treatment of sick and injured persons, have a staff of one or

more Physicians available at all times, provide 24 hour nursing service by graduate registered nurses and have organized facilities for diagnostics and surgery. A facility which is primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment is not a Hospital. For the purposes of this definition, a Hospital will include a facility or part of a facility used for rehabilitative care.

- "Immediate Family Member" means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, aunt, nephew, niece, grandson, granddaughter, grandfather, grandmother (all of the above include natural, adopted or step relationships) or the spouse of an Insured Person.
- "Injury" means bodily injury caused by an Accident occurring while the Policy is in force as to the Insured Person whose loss is the basis of claim and resulting directly and independently of all other causes in loss covered under the Policy, 24 hours a day, anywhere in the world but in no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.
- "Institution for Higher Learning" means and is limited to universities, colleges, CEGEPs and professional or vocational schools.
- "Insurer", "We", "Us" means SSQ Insurance Company Inc.
- "Insured Person" means you before the date of coverage termination.
- "Intoxicated" and "Under the Influence of Drugs" means that the driver has a blood alcohol content and/or is impaired due to the use of alcohol, narcotics or other drugs such that he could be subject to proceedings under provincial, state or federal law, even if he has not been subject to such proceedings.
- "Loss of Life" means the death of the Insured Person.
- "Loss" means:
  - (a) as used with reference to a hand or foot, the complete and irrecoverable severance through or above the wrist or ankle joint, but below the elbow or knee joint;
  - (b) as used with reference to an arm or leg, the complete and irrecoverable severance through or above the elbow or knee joint;

- (c) as used with reference to a thumb, the complete and irrecoverable severance of one entire phalanx of the thumb;
  - (d) as used with reference to a finger, the complete and irrecoverable severance of two entire phalanges of the finger;
  - (e) as used with reference to toes, the complete and irrecoverable severance of one entire phalanx of the big toe and irrecoverable severance of all phalanges of the other toes;
  - (f) as used with reference to an eye, the irrecoverable loss of the entire sight thereof, and determined by a Physician to be irrecoverable;
  - (g) as used with reference to speech, the complete and irrecoverable loss of the ability to utter intelligible sounds, and determined by a Physician to be irrecoverable;
  - (h) as used with reference to hearing, the complete and irrecoverable loss of hearing, and determined by a Physician to be irrecoverable.
- "Loss of Use" means a total incapacity to use part of the body, which incapacity has been continuous for 12 consecutive months and was determined by a Physician to be permanent at the end of such period.
  - "Member" means an active member in good standing who is under the age of 75. The Member is designated by the terms "you" and "your" for the purposes of this booklet.
  - "Motorized Vehicle" means a passenger car, van, jeep-type automobile, sports utility vehicle (SUV), any truck-type automobile, truck, ambulance, or any type of motorized vehicle used by municipal, provincial or federal police forces.
  - "Paralysis" means the loss of ability to move all or part of the body.
  - "Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs of the body.
  - "Physician" means an individual who is legally licensed to practice medicine and provide treatment within the scope of his licence by:
    - (a) a recognized medical licensing organization in the jurisdiction where the treatment is rendered, provided he is a member in good standing of such licensing body, or

(b) a governmental agency having jurisdiction over such licensing where the treatment was rendered.

The Physician must not ordinarily reside in the Insured Person's residence. The Physician must not be an Insured Person, an Immediate Family Member or business associate of an Insured Person.

- "Policy" means Policy #1C190 as well as the attached Master Application, any endorsements and attached papers.
- "Principal Sum" means the amount indicated in Item 3 of the Master Application as being applicable to the Insured Person and stated on the Insured Person's most recently signed individual enrollment card on file with the CVFSA, if any.
- "Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs of the body.
- "Regular Care and Attendance" means observation and treatment to the extent necessary under existing and recognized standards of medical practice.
- "Seat Belt" means a belt that forms a restraint system in a Motorized Vehicle.

For the purposes of this definition, a Seat Belt includes infant and child restraint systems used in Motorized Vehicles and the restraining belts which are part of a stretcher used in the transportation of sick or injured persons by ambulance.

- "Sickness or Disease" means the alteration of a person's state of health resulting from internal or external cause(s), creating objectively verifiable symptoms and/or signs, and revealing itself by the impairment of physiological or mental functions.
- "Specific Loss" means Loss of Life, Loss, Loss of Use, Quadriplegia, Paraplegia or Hemiplegia, all as defined in the present section of this booklet.

- "Spouse" means an individual under the age of 75:
  - (a) to whom you are legally married or in a civil union with; or
  - (b) with whom you have continuously cohabited in a conjugal relationship for a minimum of one year immediately before the date of the event insured against.

However, when the individual is the biological or adoptive mother or father of at least one of your children and is cohabitating with you, the individual shall be deemed a Spouse from the date of birth or adoption of that child, if that date precedes the end of the period of one year of cohabitation.

Only one individual will qualify as your Spouse. If you are legally married or in a civil union but is also cohabiting with an individual as described under Item (b) above, you may elect in writing which one of the individuals will qualify as a Spouse under the Policy. This election must be filed with the CVFSA. The Insurer will not be bound by an election not filed before the occurrence of the event insured against. If an election is not filed, the Spouse will be the individual to whom you are legally married or in a civil union with.

- "Total Disability" or "Totally Disabled" means or directly refers to a continuous state of incapacity preventing the Insured Person from performing all of the usual and customary duties of his occupation.

An Insured Person will be deemed Totally Disabled only if he does not receive any income from any occupation after the Commencement of Total Disability, directly or indirectly, except in the context of a rehabilitation program approved by the Insurer.

For a Total Disability to be recognized, the state of the Insured Person must require Regular Care and Attendance by a Physician or an appropriate specialist. Proof of Regular Care and Attendance must be satisfactory to the Insurer.

- "Transportation" means conveyance from one place to another by private or public Motorized Vehicle, bus, train, boat, ferry, airplane or helicopter.

Throughout this booklet, the male pronoun will be construed as the feminine when the person is a female.

## **DETAILS OF THE PROGRAM**

### **Eligibility**

The Accidental Death and Dismemberment insurance program is available to Members of the CVFSA.

As a Member of the CVFSA, you are eligible under the Accidental Death and Dismemberment insurance program if you are under the age of 75 and residing in Canada. If you are absent from active work for any reason other than bona fide vacation or maternity/parental leave, you will only become eligible upon return to active work.

### **Coverage Amounts**

The Accidental Death and Dismemberment insurance program is a mandatory group coverage for you.

On the effective date of your individual coverage, you are automatically insured for a Principal Sum of \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000 without having to provide any evidence of insurability.

### **Effective Date of Individual Coverage**

Your individual coverage will take effect:

- on effective date of the Policy, if you meet the criteria described under the "Eligibility" section of this booklet on or prior to the effective date of the Policy;
- on the day following the receipt of activation of your membership, if after the effective date of the Policy.

## **Individual Coverage Termination**

Your coverage terminates on the earliest of the following dates:

- (1) the date the Policy is terminated;
- (2) the premium due date if the CVFSA fails to pay the required premium, except as the result of an inadvertent error;
- (3) the premium due date coincident with or following the date you reach 75 years of age;
- (4) the premium due date coincident with or following the date you cease to be a Member of the CVFSA in a capacity making you eligible for insurance under this policy.

Notwithstanding Item 1 above, if this Policy is terminated, your insurance of will remain in force until the end of the period for which premium has been paid, subject to all other terms and provisions of this Policy.

This insurance program may be cancelled by the CVFSA by mailing to the Insurer written notice stating the date on which such cancellation will be effective. The program may also be cancelled by the Insurer by mailing to the CVFSA at the address shown in the Policy written notice stating when, not less than 30 days prior to the anniversary date of the policy, the date on which such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice will become the end of the Policy period. Delivery of such written notice either by the CVFSA or by the Insurer will be equivalent to mailing.

## **PROGRAM BENEFITS**

### **Specific Loss Accident Indemnity**

When, within 365 days after the date of an Accident, an Insured Person suffers an Injury from such Accident which results in a Specific Loss listed below, the Insurer will pay an indemnity as indicated below:

#### **Loss of**

Life.....	The Principal Sum
The entire sight of both eyes.....	The Principal Sum
Speech and hearing in both ears.....	The Principal Sum
One hand and the entire sight of one eye.....	The Principal Sum
One foot and the entire sight of one eye.....	The Principal Sum
The entire sight of one eye.....	Two-Thirds of the Principal Sum
Speech.....	Two-Thirds of the Principal Sum
Hearing in both ears.....	Two-Thirds of the Principal Sum
Hearing in one ear.....	One-Third of the Principal Sum
All toes of one foot.....	One-Eighth of the Principal Sum

#### **Loss or Loss of Use of**

Both hands.....	The Principal Sum
Both feet.....	The Principal Sum
One hand and one foot.....	The Principal Sum
One arm.....	Three-Fourths of the Principal Sum
One leg.....	Three-Fourths of the Principal Sum
One hand.....	Two-Thirds of the Principal Sum
One foot.....	Two-Thirds of the Principal Sum
The thumb and index finger or at least four fingers of one hand.....	One-Third of the Principal Sum

#### **Paralysis of**

Both upper and lower limbs (Quadriplegia).....	Two Times the Principal Sum
Both lower limbs (Paraplegia).....	Two Times the Principal Sum
The upper and lower limbs of one side of body (Hemiplegia).....	Two Times the Principal Sum

However, in the case of Quadriplegia, Paraplegia and Hemiplegia, if the Insured Person dies within 90 days after the date of the Accident, the indemnity payable by the Insurer will be limited to the Principal Sum.

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

- (a) the Principal Sum, with the exception of Quadriplegia, Paraplegia and Hemiplegia; or
- (b) with respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum, provided that the Insured Person lives longer than 90 days after the date of the Accident.

Under this section, in no event will the Insurer pay more than two times the Principal Sum as the result of the same Accident, regardless of the combination of losses suffered.

## **Covered Accidental Death and Dismemberment Benefits**

### **Repatriation Benefit**

In the event an Insured Person suffers a Loss of Life resulting from Injury more than 50 kilometres from that Insured Person's normal place of residence and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred for the transportation of the body of the deceased Insured Person to a resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of residence of the deceased Insured Person, including charges for the preparation of the body for such transportation, not to exceed, in the aggregate, the amount of \$10,000 for all such expenses paid under this section as a result of one Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

## **Education Benefit**

In the event you suffer a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary tuition fees for any Dependent Child who, on the date of or within the following 365 days of the Insured Person's death, is enrolled or enrolls as a full-time student in any Institution for Higher Learning, up to the lesser of the following amounts:

- (a) 5% of such deceased Insured Person's Principal Sum; or
- (b) \$5,000,

for each year (up to 5 consecutive years) per Dependent Child during which such Dependent Child remains enrolled as a full-time student in an Institution for Higher Learning.

The total maximum payable under this section will not exceed \$5,000 per year per Dependent Child.

The indemnity will be paid each year upon receipt of proof satisfactory to the Insurer that the Dependent Child is enrolled as a full-time student in an Institution for Higher Learning. Payment will not be made for expenses incurred prior to the Loss of Life of such Insured Person, nor for room, board, books or other living, travelling or clothing expenses.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

## **Day-Care Benefit**

In the event you suffer a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred for Day-Care Centre attendance for any Dependent Child under 13 years of age at the date of the Insured Person's death and who on the date of or within the following 365 days after

such Insured Person's death, is enrolled or enrolls in a Day-Care Centre, to the lesser of the following amounts:

- (a) 5% of such deceased Insured Person's Principal Sum; or
- (b) \$5,000,

for each year (up to 5 consecutive years) per Dependent Child during which such Dependent Child remains enrolled in a Day-Care Centre.

The total maximum payable under this section will not exceed \$5,000 per year per Dependent Child.

The indemnity will be paid each year upon receipt of satisfactory proof that the Dependent Child is enrolled in a Day-Care Centre, but payment will not be made for expenses incurred prior to the Loss of Life of such Insured Person, nor for room, board or other ordinary living, travelling or clothing expenses.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

If none of the Insured Person's Dependent Children satisfy the above requirements or the requirements as shown under the section entitled "Education Benefit", the Insurer will pay to your beneficiary the lesser of the following amounts:

- (a) 5% of the deceased Insured Person's Principal Sum; or
- (b) \$2,500,

under only one of the policies issued by the Insurer.

### **Rehabilitation Benefit**

In the event you suffer a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and such Injury requires that you participate in a rehabilitation program in order to be qualified to engage in an occupation in which you would not have engaged except for such Injury, the

Insurer will pay the reasonable and necessary expenses that you actually incurred for such program within 3 years after the date of such loss. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Payment by the Insurer for the total of all expenses that you incurred under this section will not exceed fifteen \$10,000 as the result of any one Accident.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

### **Occupational Training Benefit**

In the event you suffer a Loss of Life resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay the reasonable and necessary expenses actually incurred within the following 3 years after the date of such loss by your Spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Payment by the Insurer for the total of all expenses incurred by your Spouse under this section will not exceed \$10,000.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

### **Family Transportation Benefit**

In the event an Insured Person suffers a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and such Insured Person is under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by one

Immediate Family Member or family representative for Transportation to the bedside of such Insured Person by the most direct route from the normal place of residence of the Immediate Family Member or family representative, Accommodation in the vicinity, and return to the normal place of residence of such Immediate Family Member or family representative by the most direct route if the Insured Person had been travelling unaccompanied by an Immediate Family Member. Payment will not be made for other ordinary living, travelling or clothing expenses.

The Insurer will not pay any indemnity under this section unless such Insured Person is confined as an inpatient in a Hospital located more than 50 kilometres from his normal place of residence.

Reimbursement of Transportation expenses under this section is limited to the cost of a single return trip to the bedside of the Insured Person while in Hospital. More than one form of conveyance may be used for the Transportation if necessary, but the indemnity paid will be limited to the Fare or Fares reasonably required for a single return trip. If Transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers, then reimbursement of Transportation expenses will be limited to a maximum of \$0.20 per kilometre travelled for such return trip.

The total maximum amount payable under this section by the Insurer will not exceed \$10,000 as a result of any one Accident.

The indemnity payable under this section will be payable to the person who actually incurred the expenses.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

### **Seat Belt Benefit**

In the event an Insured Person suffers a Specific Loss resulting from an Injury and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity", the Insurer will pay an additional indemnity equal to 10% of the applicable indemnity payable under the section of this booklet entitled "Specific Loss Accident Indemnity", subject to a maximum of \$25,000, if at the time of the Accident causing such

Injury, the Insured Person was driving or riding in a Motorized Vehicle and wearing a properly fastened Seat Belt.

At the time of the Accident, the driver of the Motorized Vehicle must hold a current and valid driver's license of a rating authorizing him to operate such Motorized Vehicle and neither be Intoxicated nor Under the Influence of Drugs.

Proof of Seat Belt use to the satisfaction of the Insurer must be provided as part of the written proof of loss.

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

In the event an Insured Person suffers a Specific Loss listed below resulting from an Injury:

- (1) Loss of both feet or legs; or
- (2) Loss of Use of both feet or legs; or
- (3) Quadriplegia, Paraplegia or Hemiplegia,

and indemnity for such loss becomes payable under the section of this booklet entitled "Specific Loss Accident Indemnity" and such Insured Person requires the use of a wheelchair, as result of such loss, in order to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within 3 years following the date of Loss for home alteration and/or vehicle modification as provided under this section.

To be covered under this section, the alteration or modification must enable the Insured Person to access his residence and/or his vehicle in a wheelchair and must be approved, where required by law, by licensing authorities.

The total maximum amount payable under this section by the Insurer will not exceed \$10,000 as a result of any one Accident.

The amount payable under this section will be co-ordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the CVFSA by the Insurer.

## **Aircraft Coverage**

Insurance provided under the Policy includes coverage for loss when such loss results from Injury sustained while and as a result of the Insured Person:

- (a) riding as a passenger, and not as a pilot, operator or member of the crew, in or on any aircraft having a current and valid certificate of airworthiness and being piloted by a person who then holds a current and valid pilot's license of a rating authorizing him to pilot such aircraft.
- (b) riding as a passenger, and not as a pilot, operator or member of the crew, in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.
- (c) boarding or alighting from or being struck by any aircraft.

However, coverage is excluded from Injury sustained while and as a result of riding in or on any aircraft owned, operated, leased or chartered by or on behalf of the CVFSA.

## **Exposure and Disappearance Coverage**

In the event an Insured Person undergoes unavoidable exposure to natural elements and, as a direct result, suffers a Specific Loss for which indemnity would have been payable under the section of this booklet entitled "Specific Loss Accident Indemnity" if it had been caused by an Accident, the Insurer will pay the amount specified for the same loss as in the section of this booklet entitled "Specific Loss Accident Indemnity".

In the event an Insured Person is not found within one following the date of the disappearance or sinking or wrecking of the conveyance in which he was riding at the time of such disappearance or sinking or wrecking and under such circumstances as would otherwise be covered under the section of this booklet entitled "Specific Loss Accident Indemnity", it will be presumed the Insured Person suffered a Loss of Life resulting from an Injury at the time of such disappearance, sinking or wrecking.

## **Premium Payment**

Premiums for your coverage are fully paid by the CVFSA.

## **Indemnity Payment and Beneficiaries**

Indemnity payable in the event of your Loss of Life will be paid to the beneficiary or beneficiaries designated in writing by you on your basic group life insurance application on file with the CVFSA or basic group life insurance carrier, as the case may be, or if there is no such beneficiary designation, such indemnity will be paid to your estate. All other indemnities payable will be paid to you, with the exception of indemnities payable under the following sections of this booklet, for which, indemnity will be paid to the person who actually incurred the expenses giving rise to the indemnity:

- Repatriation Benefit
- Education Benefit
- Day-Care Benefit
- Occupational Training Benefit
- Family Transportation Benefit
- Home Alteration and/or Vehicle Modification Benefit

## **Aggregate Limit of Indemnity**

The Insurer's aggregate limit of indemnity for all indemnities payable as a result of any one Accident for which indemnity is nil. In the event said limit of indemnity for any one Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one Accident bears to the total amount of indemnity that would have been payable, not taking into consideration such limit of indemnity.

This section only applies to indemnities payable under the following section of this booklet:

- Specific Loss Accident Indemnity

## **Exclusions**

No benefit will be paid for any loss, fatal or non-fatal, caused or contributed to by:

- self-inflicted injuries, suicide or attempted suicide, whether the Insured Person was sane or insane;
- war whether declared or undeclared, and whether or not the Insured Person was actually participating therein;
- civil commotion, riot, insurrection, armed conflict if the Insured Person was participating therein;
- the Insured Person's service, whether as a combatant or non-combatant, in the armed forces of any country;
- the Insured Person riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section of this booklet entitled "Aircraft Coverage";
- medical treatment or surgery on the Insured Person, except if the medical treatment or surgery was needed because of an Accident.

## **IN THE EVENT OF A CLAIM**

### **Notice of Claim**

- Written notice of Injury on which claim is based must be given to the Insurer within 30 days after the date of the Accident resulting in such Injury.
- Such notice must be given in writing by or on behalf of the Insured Person, his beneficiary or the person who is entitled the indemnity under the Policy, as the case may be, to the Insurer at 1200 Papineau Avenue, 4<sup>th</sup> Floor, Montreal (Quebec), H2K 4R5, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person whose loss is the basis of such notice.
- Failure to give such notice within the time provided in the Policy will not invalidate any claim if it is shown not to have been reasonably possible to give such notice during such time and that such notice was given as soon as was reasonably possible, but in no event later than one year after the date of the Accident.

## **Claim Forms**

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

## **Proof of Loss**

Written proof of loss must be furnished to the Insurer within 90 days after the date of Accident resulting in such loss. Failure to furnish such proof within such time will not invalidate any claim if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one year after the date of the Accident.

## **Physical Examination and Autopsy**

The Insurer will have the right and opportunity to examine, at its own expense, the person of the Insured Person whose loss is the basis of claim under the Policy, where and so often as it may reasonably require while it determines the validity of a claim hereunder, and in the case of death, the right and opportunity to require an autopsy where it is not forbidden by law.

## **Payment of Claims**

All indemnities provided in the Policy for loss will be paid after customary proof of loss satisfactory to the Insurer has been given in accordance with the requirements of the Policy. With respect to Insured Persons of the CVFSA for whom premium is paid in Canadian funds, all moneys payable under the Policy are payable in the lawful money of Canada. With respect to Insured Persons of a CVFSA who pays the premium in U.S. funds, all moneys payable under the Policy are payable in the lawful money of the United States of America.

## **Legal Actions**

Legal action will not be taken to recover indemnities under the Policy until 60 days after proof of loss has been submitted to the Insurer in accordance with the requirements of the Policy. Thereafter, the claimant must take any legal action based on the Policy within one year period (3 years in the province of Quebec) following submission of a proof of loss to the Insurer.

## **FREQUENTLY ASKED QUESTIONS**

### **1. Who is eligible for Accidental Death and Dismemberment coverage?**

You are eligible under the program if you are a Canadian resident and a Member of the CVFSA, under the age of 75.

### **2. When does individual coverage take effect?**

Your individual coverage will take effect:

- on effective date of the Policy, if you meet the criteria described under the "Eligibility" section of this booklet on or prior to the effective date of the Policy;
- on the day following the receipt of activation of your membership, if after the effective date of the Policy.

### **3. Who receives the Principal Sum insured upon death of the Insured Person?**

The Principal Sum will be paid to the beneficiary or beneficiaries designated in writing by you on your basic group life insurance application on file with the CVFSA or basic group life insurance carrier, as the case may be, or if there is no such beneficiary designation, the sum insured will be paid to your estate.

### **4. Who can change the beneficiary and how can this be done?**

You have the right to change your designated beneficiary or beneficiaries. Please contact your Human Resources department for details.

## **5. How are premiums paid?**

Premiums for your coverage are fully paid by the CVFSA.

## **6. Are Accidental Death and Dismemberment benefit indemnities and Principal Sum taxable?**

No, Accidental Death and Dismemberment insurance proceeds and the Principal Sum are not taxable.

## **7. How do I file a claim?**

Filing a claim is a very simple process.

You must notify the CVFSA of your claim, either in writing or verbally, as soon as you suffer the Injury on which the claim is based, as such notice must be given in writing to the Insurer within 30 days after the date of the Accident resulting in such Injury. In the event that you are unable to give such notice, your beneficiary or beneficiaries or the person entitled to an indemnity under your coverage, may notify the CVFSA on your behalf.

The Insurer, upon receipt of the above-mentioned notice, will send claim forms to the CVFSA. These claim forms constitute the written proof of loss and must be completed and returned to the Insurer within 90 days after the date of Accident resulting in such loss.

Your claim will be reviewed and processed, on average, within 10 business days from the date the completed claim forms are received by the Insurer.

## **8. Can I cancel my Accidental Death and Dismemberment coverage?**

Your Accidental Death and Dismemberment coverage may only be cancelled by CVFSA.

## **9. Where can I obtain more information?**

You can obtain more information by communicating with your Human Resources department.