



**Policy No. 100008683 issued by Special Markets Solutions,  
a division of Industrial Alliance Insurance and Financial Services Inc.**

**Voluntary Accident Insurance Plan Summary**

**ELIGIBILITY**

You are eligible to enroll as an Insured Person if you are an active employee under age 70 who is eligible under your employer's current Optional Group Life policy. Your spouse under age 70 and unmarried dependent children are eligible if you select the Family Plan. Unmarried children are those under age 21 or to age 25 if attending college or other school on a full-time basis and are dependent on your support.

**COVERAGE**

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

**AMOUNT OF INSURANCE**

**Employee Only Plan**

You may select any amount of insurance (Principal Sum) for yourself from a minimum of \$10,000.00 to a maximum of \$250,000.00 in units of \$10,000.00.

**Family Plan (includes employee)**

You may select any amount of insurance (Principal Sum) for yourself from a minimum of \$10,000.00 to a maximum of \$250,000.00 in units of \$10,000.00 AND your family will automatically be insured for the following:

Spouse - Your spouse will be insured for 50% of the benefit you elect for yourself.

Children - Each dependent child will be insured for 10% of your benefit if you have a spouse, or 15% if you do not.

In the event your spouse is an eligible employee of your employer, you each may enroll. One may select the Employee Only Plan; the other may elect the Family Plan with dependent children coverage only. If one spouse does not enroll, he will be the insured spouse under the Family Plan if elected.

**EFFECTIVE DATE**

Coverage will begin on the first day of the month following the date your completed enrollment form is received by your employer and coincident with payroll deductions.

If you do not wish to participate, please complete the section of the enrollment form declining coverage. The completed form should be returned to your plan administrator as soon as possible.

**BENEFITS**

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

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

**BENEFITS (Continued...)**

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

**Loss of:**

Life .....	The Principal Sum
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
Entire Sight of One Eye.....	75% of the Principal Sum
Speech or Hearing in Both Ears.....	75% of the Principal Sum
Hearing in One Ear .....	40% of the Principal Sum
All Toes of One Foot .....	33% 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 .....	80% of the Principal Sum
One Leg .....	80% of the Principal Sum
One Hand.....	75% of the Principal Sum
One Foot .....	75% of the Principal Sum
Thumb and Index Finger of Either Hand.....	40% of the Principal Sum
Four Fingers of Either Hand.....	40% of the Principal Sum

**Paralysis Benefits**

Quadriplegia (complete paralysis of both upper and lower limbs).....	200% of the Principal Sum
Paraplegia (complete paralysis of both lower limbs) .....	200% of the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body) .....	200% of the Principal Sum

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one accident will not exceed, with the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum, and with respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum or the Principal Sum if loss of life occurs within 90 days after the date of the accident.

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

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

## Voluntary Accident Insurance Plan Summary (Continued...)

### BENEFITS (Continued...)

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

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

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

#### Bereavement Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred by your spouse and dependent children for up to six sessions of grief counseling, by a professional counselor, subject to a maximum of \$1,000.00.

#### Continuation of Coverage

Your coverage under the policy may be continued during any approved leave of absence, temporary lay-off, maternity or parental leave or disability leave, provided payment of premium is continued.

#### Conversion Option

Upon termination of active employment with your employer, you may, within 31 days following the date of such termination, make written application to convert your insurance only (but not that of your insured spouse and/or insured dependent children) to an individual accident insurance plan with no evidence of insurability required, at the individual rates in force with the insurer at the time of your termination. You may elect an amount of Principal Sum equal to or lower than the amount of Principal Sum in force under all policies issued to the Policyholder by the insurer to a maximum of \$500,000.00. This benefit is restricted to *Canadian* residents only.

#### Day Care Benefit

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

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

#### Education Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred, subject to five percent of your Principal Sum to a maximum of \$5,000.00, for each of your dependent children who (a) are enrolled as full-time students in a school for higher learning above the secondary school level; or (b) were enrolled as full-time students at the secondary school level but enroll as full-time students in a school for higher learning within 12 months after the date of your death.

### BENEFITS (Continued...)

#### Education Benefit (Continued...)

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

#### Eyeglasses, Contact Lenses and Hearing Aids Benefit

If, following an Injury, you, your insured spouse or insured dependent child require and receive treatment by a physician which results in the purchase of eyeglasses, contact lenses or hearing aids within 12 months of the date of the accident, when none were previously required or worn, the insurer will pay the reasonable and necessary expense actually incurred, subject to a maximum of \$1,000.00.

#### Family Transportation Benefit

If, following an Injury which results in a Loss covered by the policy, you, your insured spouse or insured dependent child are confined as an in-patient in a hospital located from a point of not less than 150 kilometers from the normal place of residence, the insurer will pay the reasonable and necessary expenses actually incurred by any one member of the immediate family for hotel accommodation and transportation by the most direct route to you, your insured spouse or insured dependent child, subject to a maximum of \$15,000.00 for all such expenses.

#### Funeral Expense Benefit

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

#### Home Alteration and Vehicle Modification Benefit

If, following an Injury which results in a Loss covered by the policy, you, your insured spouse or insured dependent child are required to use a wheelchair to be ambulatory, the insurer will pay the reasonable and necessary expenses actually incurred within three years of the date of the accident causing such Loss for (a) the cost of alterations to the principal residence; and/or (b) the cost of modifications to one motor vehicle utilized by you, your insured spouse or insured dependent child, when such modifications are approved by the provincial vehicle licensing authorities where required for the purpose of making them wheelchair accessible, subject to a maximum of \$15,000.00 as the result of any one accident.

#### Identification Benefit

If Injury results in loss of life for you, your insured spouse or insured dependent child and indemnity becomes payable under the policy, and provided identification of the body is required by the police or similar law enforcement agency, the insurer will pay the reasonable and necessary expenses actually incurred by a member of the immediate family for lodging and board (not to exceed a maximum duration of three consecutive nights) and transportation by the most direct route to and from the location of the body, subject to a maximum of \$5,000.00. The body's location must not be less than 150 kilometers from the family member's normal place of residence.

#### In-Hospital Indemnity Benefit

If, following an Injury, you are confined in a hospital as a resident in-patient for more than five consecutive days, the insurer will pay (a) a monthly benefit of one percent of your Principal Sum; or (b) for periods of less than one month, one thirtieth of the above monthly benefit per day. This benefit is limited to (a) a monthly amount not to exceed \$2,500.00 and (b) a total of 12 months for any covered accident. Benefits are retroactive to the first day of hospital confinement.

## Voluntary Accident Insurance Plan Summary (Continued...)

### BENEFITS (Continued...)

#### Rehabilitation Benefit

If, following an Injury which results in a Loss covered by the policy, you require special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such Injury, the insurer will pay the reasonable and necessary expense incurred for such training within two years of the date of the accident, subject to a maximum of \$15,000.00 as the result of any one accident.

#### Repatriation Benefit

If Injury results in loss of life for you, your insured spouse or insured dependent child and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred for preparation and transport of the body to the city of residence, subject to a maximum of \$15,000.00.

#### Seat Belt Benefit

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

#### Spousal Retraining Benefit

If Injury results in your loss of life and indemnity becomes payable under the policy, the insurer will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by your spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, subject to a maximum of \$15,000.00 for all such expenses.

#### Waiver of Premium

In the event you become totally disabled while under age 65 and your waiver of premium claim is accepted and approved under your employer's current Group Life policy, premiums payable under the Voluntary A.D.&D. policy will be waived as of the same date the claim is accepted and approved by the Group Life policy Underwriter.

#### Workplace Modification and Accommodation Benefit

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

### EXCLUSIONS

Cover does not apply to any loss caused or contributed to by:

- declared or undeclared war or any act of war;
- active full-time service in the armed forces of any country;
- suicide or self-destruction, while sane or insane;
- flying as a pilot or crew member in any aircraft;
- flying in owned, operated or leased aircraft of your employer.

### EXPOSURE AND DISAPPEARANCE

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

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

### COST OF INSURANCE

The premium for the coverage you select will be obtained by payroll deduction. The premium rate for the Employee Only Plan is \$.02 per month for each \$1,000.00 of insurance. The Family Plan is \$.03 per month for each \$1,000.00 of insurance.

#### Example of Available Principal Sums and Premium per Month

Principal Sum Selected for Yourself	Employee Only Plan	Family Plan (incl. employee)
\$250,000.00	\$5.00	\$7.50
\$120,000.00	\$2.40	\$3.60
\$ 60,000.00	\$1.20	\$1.80
\$ 10,000.00	\$ .20	\$.30

If you select \$100,000.00 of coverage, the amount insured will be:

	Employee Only Plan	Family Plan (incl. employee)
Employee	\$100,000.00	\$100,000.00
Spouse (50%)	N/A	\$ 50,000.00
Each Child (10%)	N/A	\$ 10,000.00

Your monthly payroll deduction would be:

Employee Only Plan	- \$2.00 monthly
Family Plan	- \$3.00 monthly

### BENEFICIARY

The beneficiary or beneficiaries of an employee shall be that person or persons designated in writing by the employee on his enrollment form on file with the employer. If no such beneficiary designation has been filed, the beneficiary in respect of loss of life of an employee shall be the estate of the employee. All other indemnities payable, including those payable for the insured spouse and/or insured dependent children, are payable to the employee, with the exception of indemnities payable under "Bereavement Benefit", "Day Care Benefit", "Education Benefit", "Family Transportation Benefit", "Identification Benefit", "Spousal Retraining Benefit", and "Workplace Modification and Accommodation Benefit".

## Voluntary Accident Insurance Plan Summary (Continued...)

### TERMINATION OF INSURANCE

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

- (a) the date the policy is terminated;
- (b) the premium due date if your employer fails to remit your premium to the insurer, except as the result of an inadvertent error;
- (c) the premium due date coinciding with or immediately following the date you reach 70 years of age;
- (d) the premium due date next following the date you cease to be associated with your employer in a capacity making you eligible for insurance, except as provided under the part titled "Continuation of Coverage".

Your insured spouse's and/or insured dependent children's insurance will terminate on the earliest of the following dates:

- (a) the date such person ceases to be an eligible person;
- (b) the date your insurance is terminated.

### A.D.&D. CLAIMS PROCEDURES

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

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

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



# VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM



Please complete this form and return it to the Policyholder.

## POLICYHOLDER INFORMATION

Name of Policyholder <b>Mount Royal University</b>	Policy Number <b>100008683</b>
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## APPLICANT INFORMATION

Applicant's Last Name	Applicant's Given Name	Initials
Address	City	Province
Postal Code	Amount of Insurance \$ _____ (units of \$10,000.00 to a maximum of \$250,000.00)	
Applicant's Date of Birth dd mmm yyyy		

### Check One if New Insurance:

### Check Appropriate Boxes for Changes to Existing Insurance:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Employee Only Plan | <input type="checkbox"/> Change in Amount      | <input type="checkbox"/> Change to Employee Only Plan | <input type="checkbox"/> Change of Name    |
| <input type="checkbox"/> Family Plan        | <input type="checkbox"/> Change of Beneficiary | <input type="checkbox"/> Change to Family Plan        | <input type="checkbox"/> Change of Address |

**NB:** If you and your spouse are both eligible under the policy only one may elect the Family Plan with dependent children coverage only.

Applicant's Beneficiary	Relationship to Applicant
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**NB:** If your beneficiary is a minor, an Appointment of Trustee form is also required.

**Quebec Residents:** If you have named your spouse as your beneficiary, this designation will be automatically irrevocable. **If you do not wish your designation to be irrevocable, please check here:**  Revocable

## FAMILY PLAN INFORMATION COMPLETE ONLY IF YOU HAVE CHOSEN THE FAMILY PLAN

Spouse's Last Name	Spouse's Given Name	Initials
Spouse's Date of Birth dd mmm yyyy	<b>Family Plan Beneficiary:</b> The beneficiary of all dependents' loss of life benefits will be the Applicant.	

## AUTHORIZATION FORM MUST BE SIGNED IN INK

- I authorize the deduction from my salary for the premiums.  
 I have been given the opportunity to apply for this insurance, but I do not wish to participate.

I acknowledge that I have read the Notice on Privacy and Confidentiality summarizing certain privacy practices regarding collection, use and disclosure of my personal information. I understand that no insurance will be in effect until the insurance applied for has been approved by the Policyholder and payroll deductions have been initiated. I declare that the answers recorded above are, to the best of my knowledge and belief, full, complete, and true as of the date hereof.

A copy of this signed authorization shall be as valid as the original.

**X** \_\_\_\_\_  
**Signature of Applicant** Date (dd-mmm-yyyy)

The terms and conditions governing the insurance are set out in the Master Policy which is on file with the Policyholder.

## NOTICE ON PRIVACY AND CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

**You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us:** 2165 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.