360° GROUP INSURANCE

Your Group Insurance Plan

Union des employés et employées de service
SECTION LOCALE 800

Policy No. Q1509

Basic Plan

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Desjardins Insurance
LIFE • HEALTH • RETIREMENT

Cooperating in building the future

Your Group Insurance Plan

UNION DES EMPLOYÉS ET EMPLOYÉES DE SERVICE SECTION LOCALE 800

Policy No. Q1509

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This document is an integral part of the Insurance certificate. It is a summary of your Group Insurance Policy effective July 1, 2017. Only the Group Insurance Policy may be used to settle legal matters.

This electronic version of the booklet has been updated on July 1, 2017. Please be advised that this electronic version is updated more frequently than the printed copy of your booklet. Therefore, there may be discrepancies between the paper and electronic copies.

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DEFINITIONS

Wherever these terms are used in the policy, they are interpreted in agreement with the following:

Accident

A sudden and unexpected external event causing bodily injuries directly and independently of all other causes. An Accident does not include any form of disease, degenerative process, a hernia (inguinal, femoral, umbilical or incisional) and any infection except when caused by a visible, external cut or wound accidentally sustained. A Physician must verify the bodily injuries.

Actively at work

The performance by the Member of all the usual and customary duties of his occupation for the scheduled number of hours. A Member is considered Actively At Work during a paid leave or a statutory holiday.

Child

A person residing in Canada who, at the time of the event that results in a claim, has no spouse and is dependent upon the Participant or the Participant's Spouse for financial support and maintenance. A Child must be the Participant or the Spouse's natural or adopted child, and:

1) be under 21 years of age,

2) be 25 years old or under and a full-time student at an accredited educational institution, or

3) have reached the age of majority and be incapacitated due to a mental or physical disability on the date he was eligible as either 1) or 2) above.

The Child is considered incapacitated if he is incapable of engaging in any substantially gainful activity and is dependent upon the Participant or the Participant's Spouse for financial support and maintenance due to a mental or physical disability. In addition, he must be living with the Participant or the Spouse who exercises parental authority or have legal guardianship as if the Child were a minor.

Continuing Medical Care
The treatment a Participant receives. It must be: 1) accepted by the medical profession as an effective, appropriate and essential treatment in the diagnosis or care of the specific Illness or injury, 2) reasonable, considered as standard practice, and 3) provided or prescribed by a Physician or, when DFS deems necessary, by a specialist in the appropriate field. This is not limited to examinations and tests and must be provided at the frequency required for the specific Illness or injury.
Covered Person
The Participant or their Dependent.
Day surgery
Outpatient surgery that allows an individual to return home on the same day as the surgical procedure is performed. The procedure must require local or general anaesthesia. This does not include minor surgery performed in the office of a Physician.
Deductible
The amount of eligible expenses that a Covered Person must pay before reimbursement is made.
Dentist
A person licensed to practice dentistry by the appropriate authority in the jurisdiction where the services are provided.
Dependent
A Spouse or Child who resides in Canada. However, if a Dependent resides outside Canada he will be deemed to reside in Canada provided he is covered under a provincial medical plan and prior written approval is obtained from DFS.

Earnings
The regular rate of pay paid by the Participating Employer, including dividends. Bonuses, overtime pay and any other non-regular remuneration are excluded.
Elements
Natural disaster such as an earthquake, storm, flood, landslide or any other disaster of a similar nature.
Equivalent Drug
A drug providing similar therapeutic results.
Evidence of Insurability
Any statement of an individual's physical health or to other factual information that could have a bearing on the acceptance of the risk. Only Evidence of Insurability forms approved for use by DFS are accepted.
Family Related Leave
Any leave of absence taken by a Participant in line with any provincial or federal legislation, or an agreement between the Participant and the Participating Employer.
Hemiplegia
The total and irrecoverable paralysis of upper and lower limbs on the same side of the body.
Hospital
Any institution recognized by DFS, providing medical and surgical treatment and nursing care for sick or injured individuals 24 hours per day. The institution must be designated as a Hospital by the appropriate authorities. Without limitation, this term does not include a nursing home, home for the aged or chronically ill, a rest home, Convalescent/rehabilitation Hospital or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Hospitalization

1) for the Short Term Disability Benefit, to be admitted to a Hospital as an Inpatient for more than 24 consecutive hours or any Hospital stay for Day Surgery.

2) for the Extended Health Care Benefit:

   a) to be admitted to a Hospital as an Inpatient, or

   b) any Hospital stay for Day Surgery.

Illness

Any health deterioration or bodily disorder verified by a Physician. Organ donations and related complications are also considered illnesses.

Immediate Family Member

Spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Participant.

Immediate Relative

The Covered Person's spouse, son, daughter, father, mother, brother or sister.

Inpatient

A person admitted to and assigned a bed in a Hospital Inpatient area.

Insurer

Desjardins Financial Security Life Assurance Company, hereafter DFS.

Loss

1) for an arm, the complete severance through or above the elbow,
2) for a finger, the complete severance of two entire phalanges of one finger,
3) for a foot, the complete severance through or above the ankle joint but below the knee joint,
4) for a hand, the complete severance through or above the wrist but below the elbow joint,
5) for hearing, the complete and irrecoverable loss of hearing in one ear diagnosed by a duly qualified otolaryngologist and corresponding to an auditory threshold of greater than 90 decibels,
6) for a leg, the complete severance through or above the knee joint,
7) for sight, the total and irrecoverable loss of sight of one eye diagnosed by a duly qualified ophthalmologist, corresponding to a corrected visual acuity of 20/200 or less, or to a field of vision of less than 20 degrees,
8) for speech, the total, permanent and irreversible loss of the ability to speak due to physical injury or physical disease for a continuous period of 6 months. The diagnosis must be made by a licensed Physician,
9) for a thumb, the complete severance of one entire phalanx of the thumb, or
10) for a toe, the complete severance of one entire phalanx of the big toe and all phalanges of the other toes.

Loss of Use

The total and irrecoverable loss of use of a limb that continues uninterrupted for at least 12 months.

Maternity Leave

Any leave of absence due to pregnancy as in agreement with any labour standards type legislation in effect in the Participant's province of residence.

The period of Maternity Leave includes two phases:

1) the "health related portion" that begins on the date of delivery and continues for 6 weeks (8 weeks for a Caesarean delivery). During this phase, the Participant is deemed Totally Disabled, and
2) the voluntary leave phase that follows the "health related portion". It ends when the Participant ceases to receive maternity benefits under any provincial or federal legislation.

Maximum Benefit Period
The maximum period of time for which disability benefits may be paid.
Medical Emergency
Any acute and unexpected Illness or injury requiring immediate medical treatment.
Member
A person residing in Canada, member in good standing of the *Union des employés et employées de service Section locale 800* and employed by a Participating Employer in a job class covered by a collective agreement with the *Union* on a permanent full-time or part-time basis. If a Member resides outside Canada, he will be deemed a Member if prior written approval is obtained from DFS.
Net Earnings
The gross weekly or monthly Earnings in effect immediately prior to the initial date of Total Disability, less the following deductions for: 1) income tax, 2) contributions to the Canada/Quebec Pension Plan, 3) contributions to the Employment Insurance, and 4) any other contribution to a public income replacement plan.
Orthosis
A rigid orthopaedic appliance or apparatus used to support, align, prevent or correct deformities or to improve function.

Palliative Care Establishment

An institution designated as such by the appropriate authorities in that jurisdiction and recognized by DFS, and which:

1) provides care and treatment to patients under the supervision of a Physician, mainly during the terminal phase of their Illness,

2) a registered nurse is on site and on duty 24 hour a day, and

3) maintains daily records of each patient under the care of a Physician.

Without limitation, this term does not include an active treatment Hospital as designated by law, extended care facility, rest home, Convalescent or Rehabilitation Centre, home for the aged or the chronically ill, sanatorium, convalescent hospital or a place for the care and treatment of alcoholism, drug addiction or any other dependency.

Paraplegia

The total and irrecoverable paralysis of both lower limbs.

Parental Leave

Any leave of absence taken by a Participant to take care of his newborn or adopted child, as in agreement with any provincial or federal labour standards type legislation, or other period agreed to by the Participant and the Participating Employer.

Participant

A Member covered under the policy.

Participating Employer

Any company or organization employing members of the *Union des employés et employées de service Section locale 800*.

Physician

A person who is legally licensed to practice medicine by the jurisdiction in which he operates.

Policyholder

The company or organization specified on the cover page of the policy.

Quadriplegia

The total and irrecoverable paralysis of both upper and lower limbs.

Reasonable and Customary Charges

The charges generally paid in the area where the services or supplies are provided for a like service or supply and limited to the lowest of:

1) the usual charge in that area, or

2) the suggested fee of the applicable governing body,

on the date the expenses were incurred.

Spouse

A person residing in Canada who, at the time of the event that results in a claim:

1) is legally married to or living in a civil union with the Participant,

2) is living with the Participant in a conjugal relationship for at least 12 months and has not been separated from the Participant for 90 days or more for a breakdown in the relationship, or

3) is living in a conjugal relationship with the Participant who is the natural parent of the Spouse's Child and has not been separated from the Participant for 90 days or more for a breakdown in the relationship.

If two individuals fit the definition of Spouse, DFS will recognize only one Spouse as eligible. Recognition is in the following order:

1) the Spouse whom the Participant last designated as such to DFS in writing, subject to approval of any Evidence of Insurability required under the policy, or

2) the Spouse to whom the Participant is legally married or with whom the Participant is living in a civil union.

Stable

The health condition of a Covered Person who, within 30 days prior to the Trip departure date, is not affected by any medical condition or is affected by a medical condition that:

1) does not require a change or no change is recommended in the treatment or dosage of prescribed drugs, and

2) does not demonstrate any symptoms that indicate a deterioration of the medical condition during the duration of the trip.

Total Disability or Totally Disabled

1) for the Short Term Disability Benefit, a state of incapacity, resulting from an Illness or Accident, that entirely prevents the Participant from performing the essential duties of his regular occupation,

2) for all other benefits:

   a) during the first 24 months of disability, a state of incapacity resulting from an Illness or Accident that entirely prevents the Participant from performing the essential duties of his regular occupation,

   b) after the first 24 months of disability have elapsed, a state of incapacity, resulting from an Illness or Accident, that entirely prevents the Participant from working in any occupation that he is suited for by education, Training and Experience.

      Training and experience means all of the knowledge and skills the Participant acquired while in school, in the performance of his current or former professional activities or during his non-working hours.

      A Participant is not considered disabled simply because an occupation that he is suited for by education, Training and Experience is not available in the area where he resides.

   A Participant who needs a government issued driver's licence to perform the duties of his occupation is not considered disabled simply because his licence has been revoked or not renewed.

Travelling Companion

A person age 18 or older who is not a Dependent Child and who is sharing travel arrangements with the Covered Person (maximum of 4 people including the Covered Person).

Trip

Any fixed period of time that:

1) arrangements have been made with any Travel Service Supplier, or

2) reservations have been made by the Covered Person for ground travel usually included in a travel package.

Vehicle

A car, a motor home or a van with a maximum load of 1,000 kilograms

GENERAL PROVISIONS

CONFORMITY WITH LAW

If any provision of the policy conflicts with any applicable law, then the policy is read and executed to conform to that law.

INCONTESTABILITY

If the coverage of a person is in force for a period of two years while that person is alive, DFS cannot contest the validity of this coverage based on any written statement given unless it refers to age or is fraudulent. However, if a disability occurs during the first two years of coverage, the foregoing does not apply and DFS can cancel or limit all related claims owed.

MISSTATEMENT OF AGE

If the age of any individual has been misstated, any benefits payable are based upon the actual age of the individual at the time of the event that results in a claim. Premium adjustments are made for the full time such coverage is in force.

CURRENCY

All payments, whether to or by DFS, are made in the lawful currency of Canada.

NUMBER AND GENDER

Where the context clearly requires, words in the singular include the plural and words referring to any one gender include the other gender.

ELIGIBILITY

COVERED CLASSES

Class	Class Description
001	Members having less than 6 months of seniority
002	Members having 6 months or more of seniority

MEMBER ELIGIBILITY

A Member who belongs to a covered class is eligible for coverage on the date he meets the following requirements:

Number of hours worked per week	Eligibility Period
• Life Benefit: no minimum • All other Benefits: 10 hours* *The Member must have completed his probationary period with his employer and must hold a regular position of 10 hours or more per week or several regular positions totaling that number of hours.	• Optional Long Term Disability Benefit: The first day of the month following 12 months of continuous service for the Participating Employer • All other Benefits: The first day of the month following 2 months of continuous service for the Participating Employer

DEPENDENT ELIGIBILITY

If a Member already has a Dependent on the date he is eligible for coverage, that Dependent is also eligible for coverage on that date.

If a Member does not have Dependents on the date he is eligible for coverage, Dependents are eligible for coverage on the date the Member first acquires a Dependent.

ENTITLEMENT TO BENEFITS

A Member or a Dependent must be covered under a provincial health plan in Canada to be covered under the Extended Health Care and Dental Care Benefits.

APPLICATION

COVERAGE APPLICATION

Application for coverage is mandatory for any Member who meets the eligibility requirements.

1) Application within the time limit

A Member must complete the application required by DFS within 31 days of the date he is eligible.

2) Late application

For all Benefits, if application is not completed within the time limit specified above, the Member is required to submit Evidence of Insurability.

EXEMPTION PRIVILEGE

A Member may decline to be covered under the Extended Health Care Benefit or Dental Care Benefit if that Member is covered as a Dependent under the policy or another similar group insurance plan. However, if that other plan terminates or the Spouse is no longer a member of an eligible class, the Member is eligible to apply for coverage. To become covered:

1) the Member must previously have opted out of coverage,

2) the Spouse's coverage cannot have been terminated by personal choice, and

3) the Member's written application must be made within 31 days of the date the Spouse loses coverage, otherwise, the Late Application provision applies.

COVERAGE TYPES

The coverage types available are:

Coverage Types	Covered Persons
Single	Participant only
Family	Participant, Spouse and Children

The Coverage Type does not have to be the same for all benefits.

The coverage type can be changed due to a life event provided a request is submitted to DFS within 31 days of the event.

A life event is defined as:

1) marriage, new common-law spouse, separation or divorce,

2) birth or adoption of a Child,

3) loss or gain of the Spouse's coverage, for a reason other than personal choice,

4) death of a Dependent,

5) termination of a Dependent's eligibility because of their age, or

6) a Dependent Child returns to school.

APPLICATION FOR OPTIONAL LONG TERM DISABILITY BENEFIT

Within 31 days of the date of his eligibility, a Member may apply for the Optional Long Term Disability benefit. Coverage is then effective on the date the Member becomes eligible for coverage.

If he did not apply within the time limit, the Member may do so during a future annual enrolment period extending from October 1st to October 31st. Enrolment to the Benefit is only possible during the enrolment period, even if a life event occurs between two periods. The Optional Long Term Disability Benefit is effective on the first of the month immediately following the enrolment period during which the Member enrolled to the Benefit.

Enrolment to the Optional Long Term Disability Benefit cannot be cancelled.

A Participant who is absent from work due to:

1) Total Disability,

2) temporary lay-off, or

3) unpaid leave of absence,

on the date he would normally be entitled to enrol to the Optional Long Term Disability Benefit cannot enrol to the Benefit during his absence. He may enrol during the next enrolment period once he is Actively At Work.

COMMENCEMENT OF COVERAGE

COMMENCEMENT OF PARTICIPANT COVERAGE

A Member must be Actively At Work on the date his coverage becomes effective. If he is not Actively At Work on that date, his coverage will start on the first day he is next Actively At Work.

The coverage of any Member is effective on the date he is eligible, provided application is made within the time limit. However, for late application or for benefits that require Evidence of Insurability, coverage is effective on the date the insurability of the Member is approved by DFS.

COMMENCEMENT OF DEPENDENT COVERAGE

Coverage for a Dependent is effective on the date the Participant is first eligible for Dependent coverage, provided application is made within the time limit. However, for late application or for benefits that require Evidence of Insurability, coverage is effective on the date the Dependent's insurability is approved by DFS.

If a Participant already has Dependent coverage on the date he acquires a new Dependent, the coverage of that Dependent is effective on the date he becomes a Dependent, except for benefits requiring Evidence of Insurability. However, the life benefit for a newborn Child is effective 24 hours from birth, subject to all other terms and conditions of the policy provisions, including those above.

If a Dependent (other than a newborn Child) is confined to a Hospital on the date his coverage would otherwise become effective, his coverage begins on the day immediately following his discharge from the Hospital.

CHANGE OF COVERAGE AND BENEFIT

Any increase or decrease in the amount of coverage or any change in Benefit is effective on the later of the following dates, provided the Participant is Actively At Work on that date:

1) the date the Participant is first eligible for the change provided written request is received by DFS on or before that date, or

2) the date the insurability of the Participant is approved by DFS,

    a) if the new amount of coverage exceeds the maximum amount that DFS provides without Evidence of Insurability, or

    b) if the request for change is received more than 31 days after the date of his eligibility for the change.

If a Participant is not Actively At Work on the date his coverage should change, then the change is effective on the first day he is next Actively At Work.

CONTINUATION OF COVERAGE DURING ABSENCE FROM WORK

If a Participant is not Actively At Work for any of the reasons described below, his coverage may be continued, according to the following provisions

ILLNESS OR INJURY

All benefits that are in place immediately before the absence are maintained during an absence due to Illness or injury that results in disability recognized by DFS. Premiums must continue to be paid unless the Participant is eligible for a premium waiver (if applicable).

TEMPORARY LAY-OFF

In these circumstances please refer to Union des employés et employées de service, Section Locale 800 to discuss the benefits you must maintain during such absence and the maximum period for which these benefits can be maintained.

UNPAID LEAVE OF ABSENCE

In these circumstances please refer to Union des employés et employées de service, Section Locale 800 to discuss the benefits you must maintain during such absence and the maximum period for which these benefits can be maintained.

MATERNITY, PARENTAL OR FAMILY-RELATED ABSENCES AND LEAVES

For an absence or leave taken according to any applicable law, a Participant may:

1) as long as premiums continue to be remitted, keep:

   a) all benefits, or

   b) all benefits except of the Short Term and Optional Long Term Disability Benefits,

2) discontinue all benefits.

Benefits may be continued for a maximum of 12 months or longer where required by law. DFS must be advised of the scheduled return to work date prior to the start of the absence or leave.

DFS must be advised of the Participant's choice prior to the start of the absence or leave. If benefits are discontinued, they are reinstated without Evidence of Insurability, on the date the Participant is again Actively At Work. DFS must be advised within 31 days following the return to work otherwise, Evidence of Insurability is required.

STRIKE OR LOCK-OUT

In these circumstances please refer to Union des employés et employées de service, Section Locale 800 to discuss the benefits you must maintain during such absence and the maximum period for which these benefits can be maintained.

TERMINATION OF BENEFITS AND COVERAGE

BENEFIT TERMINATION

Each Benefit terminates on the date specified below.

BENEFIT	TERMINATION DATE
Extended Health Care Benefit	The Participant's 65th birthday or retirement, whichever comes first. For a person affected by the Quebec drug insurance plan, the benefit terminates at retirement. This applies only to drugs and products affected by that plan.
Dental Care Benefit	The Participant's 65th birthday or retirement, whichever comes first
Short Term Disability Benefit	The Participant's 65th birthday or retirement, whichever comes first
Optional Long Term Disability Benefit	The Participant's 65th birthday or retirement, whichever comes first
Basic Life Benefit	The Participant's 65th birthday or retirement, whichever comes first
Basic Accidental Death and Dismemberment Benefit	The Participant's 65th birthday or retirement, whichever comes first

Where applicable, the Participant who reaches age 65 may elect to be covered for the drugs portion under the provincial health plan in his province of residence or to continue his coverage here. If he chooses to be covered under the provincial health plan in his province of residence, this selection is irrevocable.

TERMINATION OF PARTICIPANT COVERAGE

Except as specifically noted elsewhere in the policy, the coverage of the Participant terminates on the earliest of:

1) the date he no longer qualifies as a Member,

2) the date he no longer belongs to a class of Members eligible for coverage,

3) the date his employment or contract with the Participating Employer is terminated,

4) the end of the period for which the premiums are paid on his behalf,

5) the date he retires,,

6) the date he is no longer Actively At Work, or

7) the date the policy terminates.

TERMINATION OF DEPENDENT COVERAGE

Except as specifically noted elsewhere in the policy, the coverage for a Dependent terminates on the earliest of:

1) the date the Participant's coverage terminates, unless the Dependent is eligible for survivor benefits,

2) the date the individual no longer qualifies as a Dependent, or

3) the date the premiums are not paid on behalf of the Participant for Dependent coverage.

REINSTATEMENT OF COVERAGE

If a Member's coverage terminates due to termination of employment and he is then rehired within 6 months, he is eligible for the reinstatement of his coverage on the date he resumes employment. Application for reinstatement must be made within 31 days of the rehire date.

If a Member does not qualify for reinstatement, he is considered a new Member.

FRAUD

In case of fraud, DFS reserves the right to terminate the Participant's coverage.

CLAIMS

NOTICE AND PROOF OF CLAIM

Notice and proof of any claim must be received by DFS within the time limit specified for each Benefit:

BENEFIT	TIME LIMIT
Extended Health Care Benefit	All claims, with receipts included, must be submitted to DFS within 12 months of the date the expense is incurred.
Dental Care Benefit	All claims, with receipts included, must be submitted to DFS within 12 months of the date the expense is incurred.
Short Term Disability Benefit	• Initial written proof of a claim must be submitted to DFS within 90 days of the initial date of Total Disability. • Subsequent written proof of continuing Total Disability satisfactory to DFS must be submitted to DFS upon request.

BENEFIT	TIME LIMIT
Optional Long Term Disability Benefit	• Initial written notice of a claim must be submitted to DFS within 30 days of the expiry of the Elimination Period, and • initial written proof must be submitted to DFS within 90 days of the expiry of the Elimination Period. • When Total Disability is recurrent, written notice of a claim must be submitted to DFS within 30 days of the initial date of recurrence, and • written proof must be submitted to DFS within 60 days of the initial date of the recurrence. • Subsequent written proof of continuing Total Disability satisfactory to DFS must be submitted to DFS upon request.
Life Insurance Benefit	• Notice must be submitted to DFS within 12 months of the date of death, and • the written proof of claim must be submitted within 90 days of the date of death.
Accidental Death and Dismemberment Benefit	• Notice must be submitted to DFS within 12 months of the Accident, and • the written proof of claim must be submitted within 90 days of the Accident.

Failure to submit notice or proof of claim within the prescribed time limit does not invalidate the claim if the notice and proof of the claim are sent as soon as reasonably possible. However, no payment is made if the notice and proof of claim are sent more than 12 months after the date the expenses are incurred or the date of the event that results in a claim.

If the policy terminates, no payment is made unless the notice and proof of claim is submitted to DFS within 120 days of the date of termination of the policy.

Every action or proceeding against DFS for the recovery of insurance money payable is barred absolutely unless commenced within the time set out in the insurance act or other legislation of the province where the Participant resides.

SUBMISSION OF CLAIMS

Claims must be submitted to DFS on the appropriate form. When necessary, DFS may also require any other information it deems useful.

Please refer to Union des employés et employées de service, Section Locale 800 to obtain the procedure to submit claims.

Drugs and other Health Care Expenses

Class 001

For all other medical expenses, the Participant is not required to submit a claim to DFS if the professional or service provider uses the Electronic Data Interchange (EDI).

Class 002

If the direct payment method is used for drug expenses, the Participant is not required to submit a claim to DFS.

Dental Care

The Participant is not required to submit a claim to DFS if:

1) the Dentist uses the Electronic Data Interchange (EDI), or

2) the claim is submitted by the Dentist using the card reimbursement service (**class 002 only**).

DFS reserves the right to require radiographs and other types of diagnostics such as specialist reports, periodontal charts and study models.

Death
Before settling any claim, DFS requires satisfactory written proof of: 1) death, including a medical report or death certificate, the cause and circumstances of the death, 2) eligibility of the deceased at the time of death, 3) date of birth of the deceased, and 4) right of the claimant to receive the proceeds. DFS may also require any other information it deems useful. Where the law allows, DFS may request an autopsy in order to assess its liability in connection with a claim. In the case of a disappearance, DFS will pay the claim on presentation of a declaratory judgment of death.

PAYMENTS

All amounts are paid to the Participant unless otherwise indicated in the policy.

Death claims
Payment is paid within 30 days of receipt of proof of claim satisfactory to DFS. The amount payable on the Participant's death is paid to the beneficiary.

BENEFICIARY

Subject to applicable laws, the Participant may designate or revoke, at any time, one or several beneficiaries of his coverage on written notice to DFS's Head Office. Only the benefits that include a benefit payment in the event of the Participant's death are subject to the designation of beneficiary(ies), and the same designation applies to all these benefits. The rights of a beneficiary who dies before the Participant revert to the latter.

The amounts payable when a Dependent dies are paid to the Participant, if alive. If the Participant has died, the amounts are paid according to applicable laws.

DFS assumes no responsibility for the validity of any beneficiary designation or revocation.

CO-ORDINATION OF BENEFITS

If an individual covered under the Extended Health Care Benefit and Dental Care Benefit, is also covered under another Plan that provides similar benefits, the total reimbursements paid by all plans in any year are co-ordinated.

Co-ordination of benefits is calculated as specified in the guidelines of the Canadian Life and Health Insurance Association. Total amounts paid under all Plans cannot exceed 100% of the individual's incurred Eligible Expenses.

CHANGE IN THE AMOUNT OF COVERAGE

The Policyholder must notify DFS in writing on a monthly basis of any change in the amount of coverage for any individual. If DFS is not notified of this change within 31 days, payment of a claim relating to that individual is based on the lesser of:

1) the amount of coverage prior to the change, or

2) the amount of coverage after the change.

MEDICAL EXAMINATIONS

From time to time, DFS is entitled to have a claimant examined by a health professional of its choice.

SUBROGATION

When reimbursement for expenses incurred for which another party is or may be liable, DFS is subrogated to the same rights of recovery available to the Participant. DFS may bring action in the name of the Participant to enforce these rights.

When a Participant is paid disability benefits for loss of income for a cause that another party is or may be liable, DFS is subrogated to the same rights of recovery available to the Participant. The amount subject to subrogation is limited to the amount of salary loss benefits paid or payable to the Participant by DFS.

RIGHT OF RECOVERY

Payments made by DFS in excess of the maximum amount that should have been paid are recoverable by DFS, limited to that excess amount. It will be recovered from any individuals or entity to or for whom the payments were made.

WAIVER OF PREMIUMS

This provision applies to the following Benefits:

- Optional Long Term Disability Benefit
- Basic Life Benefit
- Basic Accidental Death and Dismemberment Benefit

1) Beginning of the Waiver of Premium

A Participant under age 65 who becomes Totally Disabled while covered under the policy may be entitled to have his premiums waived:

a) the first day of the month coincident with or next following the date Long Term Disability Benefits are expected to commence if the participant is covered by the Optional Long Term Disability Benefit; or

b) the first day of the month coincident with or next following 52 weeks of continuous Total Disability, if the participant is not covered by the Optional Long Term Disability Benefit.

The Participant must submit proof of Total Disability satisfactory to DFS.

2) Termination of the Waiver of Premium

Premiums are no longer waived on the earliest of the following dates:

a) the date the Participant is unable or unwilling to provide satisfactory proof of Total Disability to DFS, if such proof is not provided within 3 months of DFS's request,

b) the date the Participant ceases to be Totally Disabled,

c) the date the Participant is engaged in any occupation or employment for remuneration or profit,

d) the date the Participant's 65th birthday,

e) the date the Participant retires,

f) the date the coverage of the Participant terminates, or

g) the date the policy terminates, except for the Life Benefit and the Optional Long Term Disability Benefit.

3) Recurrent Total Disability

Total Disability that recurs within 6 months after the end of a previous period of Total Disability for which premiums were waived is deemed a continuation of the previous period if for the same or related causes.

4) Notice and Proof of Total Disability

For the Participant to be eligible for Waiver of Premium, DFS must receive:

a) written notice of Total Disability within 12 months of the date the Participant is Totally Disabled, and

b) satisfactory proof of Total Disability within 90 days following the date DFS received written notice.

For recurrent Total Disability, DFS must receive written notice and proof of claim within 30 days of the recurrence.

EXTENDED HEALTH CARE BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that a Covered Person incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Deductible	
Eligible Expenses	**Amount**
Hospitalization	None
Travel Insurance	None
All other expenses	$75 per Covered Person, up to $150 per family, per calendar year (adjusted according to Statistics Canada Consumer Price Index on January 1st of each year.)

Percentage of Reimbursement	
Eligible Expenses	**Percentage**
Drugs	1) Generic drugs: 80% 2) Brand name drugs: • 80% of the brand name drug if no generic equivalent drug is available on the market • 80% of the lowest priced generic equivalent drug available on the market For each Calendar Year, a maximum contribution applies to Eligible Expenses for drugs. The contribution is the Deductible and any portion of Eligible Expenses not reimbursed under this Benefit. Once the Participant's contribution reaches the maximum annual contribution set by the *Régie de l'assurance maladie du Québec* (RAMQ), for expenses incurred by himself and his Dependent Children, the percentage of reimbursement of drugs becomes 100% for the remainder of that Calendar Year, for the Participant and his Dependent Children. Once the contribution reaches the maximum annual contribution set by the RAMQ, for expenses incurred by the Participant's Spouse, the percentage of reimbursement of drugs becomes 100% for the remainder of that Calendar Year, for the Spouse.

Percentage of Reimbursement	
Eligible Expenses	**Percentage**
Hospitalization	100%
Psychologist, social worker, guidance counsellor and psychiatrist	50%

Percentage of Reimbursement	
Eligible Expenses	**Percentage**
Referral Treatment	80%
Travel Insurance	100%
All other expenses	80%

BENEFIT PAYMENT

For all Eligible Expenses, DFS will reimburse the portion of the Reasonable and Customary Charges in excess of the Deductible, subject to the Percentage of Reimbursement.

To be eligible, the expenses must be medically necessary and incurred in Canada as a result of an Illness, a pregnancy or an Accident, and cover care that:

1) is prescribed by a Physician or other health professional as authorized by law, before the expense is incurred or the drug or product is dispensed,

2) is recognized throughout the medical field as appropriate and consistent with the diagnosis, and

3) cannot be omitted without endangering the person's health or the quality of medical care.

The incurred date for any Eligible Expense is the date the item is purchased or supplied.

Any portion of the Deductible that is satisfied during the last 3 months of a calendar year also applies to the Deductible for the next year.

Preferred Providers Network

DFS may select suppliers for the distribution of services, treatments or supplies and may restrict payment for Eligible Expenses purchased at another supplier.

ELIGIBLE EXPENSES

IN CANADA

Eligible Expenses are those listed below and incurred

1) in the Participant's province of residence, and

2) within Canada, but outside the Participant's province of residence, if not related to a Medical Emergency.

Limits for Eligible Drug Expenses	
Mark-up	Reasonable and Customary Charges
Dispensing fee	Reasonable and Customary Charges

DRUGS

1) Drugs with a DIN (Drug Identification Number) when dispensed by a pharmacist, and

   a) by law require a prescription, or

   b) certain drugs not requiring a prescription, but are categorized as life sustaining, including without limitation:

      - malarials,
      - fibrinolytics,
      - nitroglycerin,
      - single entity iron salts,
      - thyroid agents or
      - topical enzymatic debriding agents.

   Compounded preparations dispensed by a pharmacist where the principal active ingredient in the compound is an eligible Drug.

2) Lancets, syringes and test strips for diabetics.

3) Expenses used to cover the provincial drug insurance plan deductible and co-insurance amount for Participants covered under their provincial plan.

4) Prior Authorization Drugs

   Prior authorization by DFS is required for certain drugs listed on DFS's website. In order to determine whether the prescribed drug meets the prior authorization criteria established by DFS, a special authorization form completed by the Physician must be submitted to DFS. The criteria include verification that:

   a) the drug is prescribed for an approved therapeutic indication, and

   b) effectiveness is satisfactory compared to the associated costs.

   Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

   DFS may reimburse the value of an equivalent drug when there is a less expensive equivalent drug available on the market.

DRUGS	
Other Eligible Drug Expenses	**Maximum Payable Amount per Covered Person**
Sclerotherapy products to treat varicose veins	Covered
Anaesthetic administered during a medical or surgical procedure	$20 per procedure
Smoking cessation aids	As per the Quebec drug insurance plan coverage
Allergy serums	Covered
Antihistamines	Covered

HOSPITALIZATION	
Eligible Expenses	**Maximum Amount per Covered Person**
<u>Hospital</u> The charge for each day of acute care Hospitalization	The difference between the cost of a ward and a semi-private room

HEALTH PROFESSIONALS	
Eligible Expenses	**Maximum Payable Amount per Covered Person**
Paramedical Services Services of the following professionals if they are practicing within their recognized field and are members in good standing of their professional governing body that is recognized by DFS. Medical recommendation is not required unless specified.	
• audiologist	Covered
• chiropractor	$24 per visit, up to 20 visits per calendar year, including x-rays
• naturopath	$24 per visit
• occupational therapist	Covered
• osteopath	$32 per visit
• physiotherapist, physical rehabilitation therapist or sports therapist	$32 per visit, up to a combined maximum of 20 visits per calendar year
• podiatrist or chiropodist	$32 per visit
• psychologist, social worker, guidance counsellor or psychiatrist	Combined amount of $500 per calendar year
• Speech therapist	Covered

HEALTH PROFESSIONALS	
Eligible Expenses	**Maximum Payable Amount per Covered Person**
The member should contact DSF before incurring these expenses to validate if they are eligible.	
<u>Home Nursing Care</u> Nursing services given at home by a registered nurse or a licensed practical nurse, provided the services are within the competence of that nurse. The nurse must not be related to the Participant or to any of his Dependents by birth or marriage and must not ordinarily reside in his or his Dependent's home. Services of a personal support worker providing assistance with Activities of Daily Living if the Covered Person: • is under the active care of a nurse, or • requires home care for recovery after discharge from a Hospital. Activities of Daily Living are: a) eating: preparing and eating meals, b) getting dressed: gathering together clothing and getting dressed, c) using the bathroom: using the bathroom without supervision or assistance, d) moving around (from a bed to a chair): lying down on and getting up from a bed or sitting down on and getting up from a chair, e) bathing: getting in and out of the bathtub or shower and bathing.	$120 per day, up to $3,000 per calendar year

AMBULANCE
Transporting the Covered Person by a licensed ground ambulance: 1) in the event of a Medical Emergency, from the place of the Accident or Illness to the nearest Hospital where adequate treatment is available, and 2) from the Hospital to the place of residence of the Covered Person, when his state of health does not allow any other means of transportation. Also eligible is transportation of the Covered Person by a licensed air ambulance to the nearest Hospital where adequate treatment is available when required due to a Medical Emergency.

MEDICAL EQUIPMENT OR SUPPLIES	
MOBILITY AIDS	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Walkers, canes or crutches	Purchase or rental, at the option of DFS
Wheelchairs	Purchase and repair, or rental, at the option of DFS, up to the cost of a non-motorized wheelchair, unless the Covered Person's health condition requires a motorized wheelchair
Patient lifts	Purchase or rental, at the option of DFS, of a mechanical or hydraulic device

MEDICAL EQUIPMENT OR SUPPLIES	
ORTHOPAEDIC SUPPLIES	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Orthopaedic shoes:	Manufactured and billed by a centre recognized by DFS. In addition, the shoes and the modifications or adjustments to stock item footwear must be made by an orthotist who is a member in good standing of his professional governing body that is recognized by DFS.
• Custom-molded shoes • Open-toed shoes • In-flare or out-flare shoes • Shoes required for Denis Browne braces • Extra-depth shoes and • Off-the-shelf shoes that are regular stock,	One pair per calendar year
• Modifications or adjustment to stock item or orthopaedic footwear	Covered
Foot orthoses	Manufactured and billed by a centre recognized by DFS. In addition, the orthoses must be made by an orthotist who is a member in good standing of his professional governing body that is recognized by DFS • 2 pairs per calendar year, up to $396 per pair
Rigid or semi-rigid braces for limbs, trusses or casts	Purchase and repair
Spinal braces	Purchase and repair

MEDICAL EQUIPMENT OR SUPPLIES	
PROSTHESES	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Hearing aids	$400 in any 48 month period
Wigs	• When required for temporary hair loss due to chemotherapy • $300 lifetime
Breast prostheses	• When required due to a mastectomy, up to the cost of external prostheses • $200 in any 24 month period, including the purchase of mastectomy brassieres
Artificial limbs	Purchase, repair, adjustment and replacement when it is required due to a physiological change, up to $4,000 lifetime
Myoelectric prosthetics	Purchase, repair and replacement when it is required due to a physiological change, up to $4,000 lifetime
Artificial eyes	Purchase and repair, up to $4,000 lifetime

MEDICAL EQUIPMENT OR SUPPLIES	
OTHER MEDICAL EQUIPMENT OR SUPPLIES	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Glucose monitors	$240 in any 60 month period
Insulin pump supplies	Purchase
Elastic support stockings	• Purchase of support stockings at least 20 mm/Hg • 3 pairs per calendar year
TENS nerve stimulators	• Purchase or rental, at the option of DFS • $700 lifetime
Catheters	Purchase
Ostomy supplies	Purchase
Paraplegics supplies	Purchase
Tube feeding supplies	Purchase
Tracheotomy supplies	Purchase
Opaque glasses	Purchase, provided they are required during radiotherapy or psoriasis treatments
Compressive garments	$500 per calendar year
Medicated dressings	Purchase
Stump-socks	Purchase
Apnea monitors	Purchase or rental, at the option of DFS

MEDICAL EQUIPMENT OR SUPPLIES	
OTHER MEDICAL EQUIPMENT OR SUPPLIES (CONT'D)	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Oxygen and equipment required for its administration	Purchase or rental, at the option of DFS
Chest percussion accessories	Purchase
Manually adjustable hospital beds	Purchase and repair, or rental, at the option of DFS. The purchase is limited to one bed in any period of 5 calendar years.
Bed rails	Purchase or rental, at the option of DFS
Other therapeutic equipment: • aerosol therapy equipment • insulin pumps • non-union bone stimulators • positive pressure airway ventilator machines (CPAP) or mandibular advancement splints • lymphoedema pumps Additional equipment may be included, as established by DFS.	Purchase or rental, at the option of DFS Lifetime maximum of $10,000 combined for any or all of this equipment

DIAGNOSTIC SERVICES	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Imaging techniques and diagnostic laboratory tests	Reasonable and Customary Charges

DENTAL TREATMENT DUE TO AN ACCIDENT	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
The services of a Dentist required to repair or replace sound teeth as a result of an accidental blow to the mouth A sound tooth is a natural tooth not affected by any pathology in itself or any adjacent structures. A natural tooth treated or repaired and restored to normal function is considered sound.	The accidental blow must occur while the Covered Person is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit. $1,000 per accident Dental care must begin within 12 months of the Accident. No benefit is paid for services provided more than one year after the date of the Accident, except if a longer period is medically required due to the age of the Covered Person. Reimbursement of Eligible Expenses is governed by the Dental Association Fee Guide for General Practitioners where the Participant resides.

DETOXIFICATION	
Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
Room and board charges in a centre specializing in the treatment of alcoholism or drug addiction. The centre must be recognized by DFS.	The Covered Person must require treatment under the supervision of a Physician and the treatment must be approved by DFS. • $48 per day • $2,500 lifetime

REFERRAL TREATMENT

Eligible Expenses are as below when incurred outside the Covered Person's province of residence due to a referral, subject to the following:

1) the service or treatment must not be available in Canada or in the Covered Person's province of residence,

2) the Covered Person must provide DFS with a letter of referral from a Physician from the province of residence he resides indicating that he is referred to another Physician,

3) DFS must give prior written approval, and

4) the provincial health and/or hospital insurance plans must pay a portion of the Eligible Expenses.

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
<u>Health Care Expenses</u>	
Hospital room and board charges	In Canada: same coverage as provided for under the In Canada provision of this Benefit Outside Canada: semi-private room
Other hospital services	
Services of a Physician, surgeon or anaesthetist	
<u>Transportation Expenses</u>	
Expenses to transport the Covered Person by a suitable means to a place of treatment competent to provide appropriate care.	

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Expenses for an Immediate Family Member to be transported with the Covered Person to the place of treatment.	
Round-trip economy transportation for a qualified medical attendant to accompany the Covered Person to the place of treatment when ordered by the attending Physician.	The attendant cannot be a Family Member, friend or Travelling Companion.
Round-trip economy air, bus or train transportation by the most direct route for one Immediate Family Member to the Hospital where the Covered Person must be confined for at least 7 days.	• The Covered Person must not be accompanied by an Immediate Family Member age 18 or over. • The cost of meals and accommodation for the Immediate Family Member up to a maximum of $500. • The visit must be considered as beneficial to the patient by the attending Physician.
On the death of a Covered Person, one round-trip economy air, bus or train transportation by the most direct route for one Immediate Family Member to the place of death for identification of the remains prior to repatriation.	To be eligible, the Covered Person must not be accompanied by an Immediate Family Member age 18 or over.
On the death of a Covered Person, the cost to prepare and return the body or cremains to the place of residence by the most direct route (plane, bus or train).	$5,000 The cost of the casket or urn is not covered

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Eligible Daily Allowance	
The cost of meals and accommodations for the duration of his treatment Additional child care expenses for Children not accompanying the Covered Person.	$200 per day per Covered Person for a maximum of 10 days. This maximum is for all these expenses combined
Eligible Long-distance Telephone Charges	
Long-distance telephone charges to reach an Immediate Family Member if the Covered Person is hospitalized.	• $50 per day up to an overall maximum of $200 per Period of Hospitalization. • To be eligible, the Covered Person must not be accompanied by an Immediate Family Member age 18 or over. • To be eligible, no reimbursement must have been made for Transportation Expenses for one Immediate Family Member to the Hospital.
Overall Maximum Benefit	
Expenses incurred outside the province of residence, but within Canada	None
Expenses incurred outside Canada	$500,000 lifetime per Covered Person

TRAVEL INSURANCE

If a Covered Person incurs Medical Emergency expenses during the first 180 days of a stay outside Canada, DFS will reimburse the Eligible Expenses subject to the following conditions:

1) expenses must be eligible under the Extended Health Care Benefit, and

2) the Covered Person's health condition must be Stable prior to the Trip departure date.

The Participant must contact DFS if the duration of the stay outside Canada is or may be longer than 180 days. Otherwise, the Covered Person may not be covered for Travel.

Eligible Expenses	**Limitations and/or Maximum Payable Amount per Covered Person**
<u>Health Care Expenses</u>	
Hospital room and board charges until the Covered Person is discharged from hospital	Semi-private room
Other hospital services	
Services of a Physician, surgeon or anaesthetist	
All other expenses eligible under the In Canada provision of this Benefit	
<u>Transportation Expenses</u> To be eligible, all the expenses listed below must be approved and arranged by "Travel Assistance"	
Expenses to repatriate the Covered Person, as soon as his health allows it, by a suitable means of Public Transportation to his place of residence to receive appropriate care.	These expenses are eligible for reimbursement if the means of transportation originally arranged for the return Trip cannot be used.

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Expenses for another person also covered under this Benefit to be repatriated at the same time as the Covered Person.	These expenses are eligible for reimbursement if the means of transportation originally arranged for the return Trip cannot be used.
Round-trip economy transportation for a qualified medical attendant to accompany the Covered Person to the place of treatment when ordered by the attending Physician.	The attendant cannot be a Family Member, friend or Travelling Companion.
Round-trip economy air, bus or train transportation by the most direct route for one Immediate Family Member to the Hospital. The Covered Person must be confined for at least 7 days.	• To be eligible, the Covered Person must not be accompanied by an Immediate Family Member age 18 or over. • The cost of meals and accommodation for the Immediate Family Member is limited to $1,500. • The visit must be considered as beneficial to the patient by the attending Physician.
Cost of returning the Covered Person's personal or rented Vehicle if: • the Covered Person suffers from a disability due to a Medical Emergency, • a Physician verifies that the disability prevents the Covered Person from operating this Vehicle, and • none of the Immediate Family Members accompanying the Covered Person are able to return it. A commercial agency may be hired to return the Vehicle.	$2,500 per trip

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
On the death of a Covered Person, one round-trip economy air, bus or train transportation by the most direct route for one Immediate Family Member to the place of death for identification of the remains prior to repatriation.	To be eligible, the Covered Person must not be accompanied by an Immediate Family Member age 18 or over.
On the death of a Covered Person, the cost to prepare and return the body or cremains to the place of residence by the most direct route (plane, bus or train).	$5,000 The cost of the casket or urn is not covered
<u>Eligible Daily Allowance</u>	
The cost of meals and accommodations if the Covered Person's return is delayed because of an Illness or Accident verified by a Physician. The Illness or Accident must be suffered by the Covered Person himself, an accompanying Immediate Family Member or a Travelling Companion. Additional child care expenses for children not accompanying the Covered Person	$200 per day per Covered Person for a maximum 10 days per Trip, for all these expenses combined

Eligible Expenses	Limitations and/or Maximum Payable Amount per Covered Person
Eligible Long-distance Telephone Charges	
Long-distance telephone charges to reach an Immediate Family Member if the Covered Person is hospitalized.	• $50 per day up to an overall maximum of $200 per Period of Hospitalization. • To be eligible, the Covered Person must not be accompanied by an Immediate Family Member age 18 or over. • To be eligible, no reimbursement must have been made for Transportation Expenses for one Immediate Family Member to the Hospital.
Overall Maximum Benefit	
All Eligible Expenses	$5,000,000 lifetime per Covered Person

Voyage Assistance service

"Voyage Assistance" will take the necessary steps to provide the following services to any Covered Person who requires them:

1) 24 hour toll-free telephone assistance;

2) referral to Physicians or health-care facilities;

3) assistance for Hospital admission;

4) cash advances to the Hospital when required by the facility;

5) repatriation of the Covered Person to his home city, as soon as his state of health permits it;

6) establishing and staying in contact with DFS;

7) handling arrangements in the event of death;

8) repatriation of the Children of the Covered Person, if the Covered Person cannot be moved;

9) delivery of medical assistance and drugs to a Covered Person who is too far from health care facilities to be transported there;

10) arrangements to bring a member of the Immediate Family to the bedside of the Covered Person if he must be confined to Hospital for at least 7 days, provided that such visit is ordered by the attending Physician;

11) assistance in replacing lost or stolen travel documents so that the Covered Person can continue his trip;

12) referral to lawyers if legal problems arise;

13) translation services for emergency calls;

14) transmission of urgent messages to close friends or family in case of emergency; or

15) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

In the event of a **MEDICAL EMERGENCY**, the Covered Person must contact the travel assistance firm immediately.

Calls from	**Dial**
Montreal area	(514) 875-9170
Canada and United States	1-800-465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Collect call (Anywhere worldwide)	(514) 875-9170

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

Restrictions Applicable to Drugs
Maintenance drugs are limited to a 100 day supply. All other drugs and products are limited to a 34 day supply.

Limitations
Eligible Expenses are subject to the limitations and maximums specified in this benefit.

Limitations and Exclusions Applicable to the Preferred Providers Network

Benefits may be limited or no reimbursement made for drugs or supplies available at a supplier in the Preferred Providers Network, but purchased from elsewhere.

General Exclusions

No reimbursement is made for:

1) services or treatments that a government health plan prohibits from being paid in whole or in part, except to the extent that it permits reimbursement of the excess amount,

2) services, treatments or supplies that a person received without charge or that may be reimbursed under any provincial or federal law, whether or not the Covered Person is covered under those laws,

3) Eligible Expenses which result directly or indirectly from the following:

   a) cosmetic treatment other than what provided for under this Benefit,

   b) committing or attempting to commit a criminal offence, including operating a vehicle while impaired as set out under the Criminal Code of Canada,

   c) any cause that payment is provided for under any Workers' Compensation Act or similar legislation or under any other government plan,

   d) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,

4) services, treatments or supplies which are experimental,

5) services, treatments or supplies provided by the Participating Employer,

6) services, treatments or supplies provided to the Covered Person by an Immediate Relative,

7) services in a Convalescent or Rehabilitation Centre,

8) services received in a Chronic Care Centre,

9) home nursing care services rendered solely for custodial care, supervision, companionship or psychotherapy,

10) electric beds,

11) charges for any surgically implanted item,

General Exclusions

12) monitoring devices such as stethoscopes, sphygmomanometers or similar equipment,

13) domestic appliances such as air purifiers, humidifiers, air conditioners, whirlpools or similar equipment,

14) supports such as "Obus form" or similar devices,

15) training, exercise programs, physical fitness programs using equipment or floor exercises, floating baths, mud baths, therapeutic baths, fasting cures, relaxation exercises, gym exercises, stretching and strengthening exercises, postural evaluations and ear candling,

16) appliances, supplies and equipment conceived or customized for participation in sporting activities,

17) diagnostic services received in a hospital and expenses incurred for genetic testing,

18) dental services that are not due to an Accident or that are necessary because of food or an object placed purposely or accidentally in the mouth,

19) dental services and supplies for full mouth reconstructions, vertical dimension correction or any other temporomandibular joint dysfunction,

20) incontinence supplies,

21) expenses incurred for fertility treatment,

22) expenses incurred for the treatment of sexual dysfunction,

23) eye examinations,

24) glasses, contact lenses, sunglasses or safety glasses,

25) travel for health reasons or for medical examinations required for insurance, consultation or assessment purposes, or

26) services, treatments or supplies not included in the list of Eligible Expenses.

Additional Exclusions Applicable to Drugs

No reimbursement is made for:

1) drugs or products used to treat specific conditions other than those for which they are approved,

2) drugs or products taken in a dose higher, quantity greater or frequency in excess of that specified in Health Canada's product monograph while considering good clinical practice and DFS's established criteria. Such consumption could be approved if medically justified,

3) drugs or products intended to be administered in Hospital, on an inpatient or outpatient basis, and not intended for home use,

4) contraceptives other than hormonal contraceptives,

5) vaccines,

6) sclerotherapy used primarily for cosmetic and not therapeutic purposes, including the Physician's fees,

7) products and drugs used to treat obesity,

8) products and drugs used to treat sexual dysfunction,

9) smoking cessation aids except those covered under the Quebec drug insurance plan;

10) fertility drugs,

11) the following, whether prescribed or not:

    a) shampoos and other scalp care products, including hair growth products,

    b) aesthetic products, sunscreens, soap and any other hygiene products,

    c) natural products and homeopathic products,

    d) disinfectants and non-medicated dressings,

    e) any infant milk formulas,

    f) dietary supplements,

    g) vitamins and minerals.

Additional Exclusion Applicable to Drugs Requiring Prior Authorization

No reimbursement is made for drugs that do not meet DFS's prior authorization criteria on the date the expense is incurred.

Additional Exclusions Applicable to Travel Insurance

"Travel Assistance" must be contacted immediately when a Medical Emergency outside the Participant's province of residence requires services. Failure to contact "Travel Assistance" may result in limited reimbursement of any costs incurred or denial of the claim. DFS is not responsible for the availability or quality of the medical services.

No reimbursement is made:

1) if the purpose of the Trip is to receive medical or paramedical treatment or Hospital services,

2) for elective, non-emergency treatment or surgery that could have been provided in the province of residence of the Covered Person without endangering his life or health, even if the service is provided due to a Medical Emergency,

3) if the Covered Person did not agree to repatriation as recommended by "Travel Assistance",

4) for care and Hospital expenses incurred for a Covered Person who cannot be repatriated in his province of residence and refuses medical treatment prescribed by the Physician,

5) for any Medical Emergency incurred in a locale that the Canadian government issues one of the following travel warnings for prior to the Trip departure date:

   a) avoid non-essential travel, or

   b) avoid all travel.

   If a travel warning is issued while a Covered Person is in a locale, the above does not apply. However, arrangements must be made to leave the area as soon as possible,

6) if the Covered Person refuses to disclose to DFS necessary information regarding other insurance plans under which he also has travel coverage or if he refuses the use of the information by DFS,

7) if the expenses incurred are related to a health condition that is not Stable 30 days prior to the Trip departure date.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day enabling the Covered Person to speak with experienced health care professionals and to obtain information immediately.

This telephone service provides the Covered Person with information on the following topics:

- health
- nutrition
- physical fitness
- availability of local resources
- immunization
- lifestyle
- child care

Health Assistance should be considered as a complement to medical consultations and emergency medical services (911 or other); it is not intended to replace the regular health care provider of the Covered Person, nor the emergency medical services of a municipality.

This information service may be of use in improving the quality of life of the Participant and of his Dependents.

The Covered Person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Anywhere in Canada	1 877 875-2632

DENTAL CARE BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that a Covered Person incurred Eligible Expenses while covered under this Benefit, DFS will reimburse those expenses according to policy provisions.

Deductible	
$75 per Covered Person, up to $150 per family, per calendar year (adjusted according to Statistics Canada Consumer Price Index on each year, on January 1st)	
Percentage of Reimbursement	
Eligible Expenses	**Percentage**
Preventive Services	80%
Basic Services	80%
Maximum Benefit	
Eligible Expenses	**Amount**
Preventive and Basic Services	Combined maximum of $1,000 per calendar year per Covered Person

BENEFIT PAYMENT

To be eligible, the service must be necessary and recommended by a Dentist and listed as an Eligible Expense under this Benefit. Reimbursement is made for the portion of the charges in excess of the Deductible subject to the Percentage of Reimbursement.

Services must be performed by:

1) a Dentist,

2) a dental hygienist when the services are within the scope of his licence, or

3) a licensed denturist.

The incurred date of any Eligible Expense is the date the service is provided. For the following, the date the expense is incurred is deemed:

1) the date of insertion of the appliance for a bridge, crown or denture, and

2) the date of the final treatment for root canal therapy.

PRE-DETERMINATION OF BENEFIT

When the total cost of any proposed dental treatment for a Covered Person is expected to exceed $500, the Participant should submit a detailed treatment plan to DFS before treatment starts. The treatment plan should outline the type of treatment to be provided, the anticipated treatment dates and the cost of the treatment.

No reimbursement is made for charges incurred after the date the Participant's coverage terminates, even if a pre-determination was filed and benefits were determined by DFS prior to the termination date.

FEE GUIDE

Reimbursement of Eligible Expenses is governed by the Dental Association Fee Guide for General Practitioners of the Province where the services are provided, for the calendar year preceding the one during which expenses are incurred.

In the absence of a provincial dental fee guide for the year expenses are incurred, DFS will use the last edition of the fee guide indexed by the annual inflation rate.

ELIGIBLE EXPENSES

IN CANADA

PREVENTIVE SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
Examinations	
• Complete oral examination	One in any 2 calendar years
• Preventive or recall examination	One in any 12 month period
• Emergency examination	
• Specific examination	One per calendar year
• Periodontal examination	One in any 60 month period
• Endodontic examination	

PREVENTIVE SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
• Examination of stomatognatic system dysfunctions	One in any 60 month period
• Prosthodontic examination	One in any 24 month period
Radiographs (X-rays)	
• Complete series of periapical films	Once in any 2 calendar years
• Panoramic radiographs	One in any 2 calendar years
• Intra and extra oral films, periapical and occlusal radiographs, including bitewing films, and radiographs to diagnose a symptom or examine progress of a particular course of treatment	
• Photography	
• Sialography	
Lab Tests and Examinations	
• Microbiological testing	
• Biopsies	
• Pulp vitality tests	
• Unmounted diagnostic casts	

PREVENTIVE SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
Case Presentation and Explanation	
• Consultation with a patient	On a day other than the date of an examination
Preventive Services	
• Oral hygiene instruction	Once in a lifetime
• Polishing	Once in any 12 month period
• Preventive scaling	12 units in any 12 month period, combined with scaling for therapeutic purposes
• Topical fluoride application	Once in any 12 month period
• Finishing restorations, including disking and recontouring of natural teeth to improve function	
• Pit and fissure sealants	For Children under age 18
• Interproximal disking	
• Space maintainers	For children under age 19 only
• Recontouring of teeth for functional reasons	

BASIC SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
Restorations	
• Amalgam (silver)	
• Composite restorations	
• Retentive pins for amalgam and composite restorations	
• Preformed stainless steel and polycarbonate crowns	On primary teeth
• Caries / trauma / pain control procedures (on a day other than when a restoration is performed	
Endodontics	
• Endodontic emergency and treatment of the pulp chamber	
• Root canal therapy	
• Periapical services	
• Bleaching	On endodontically treated tooth
• Miscellaneous endodontic services other than bleaching	
Periodontics	
• Periodontal surgery	
• Post-operative visits	4 visits per calendar year

BASIC SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
• Gingival curettage and root planing	Once in any 60 month period
• Scaling for therapeutic purposes	12 units per 12 month period, combined with preventive scaling
• Adjustments to a bruxism appliance	Once per period of 2 calendar years
• Occlusal equilibration	3 units per calendar year
Maintenance of Removable Dentures	
• Denture repair	
• Adding an additional tooth to an existing removable denture	
• Relining or rebasing	Once per period of 2 calendar years
• Denture adjustments including minor adjustments when performed at least 3 months after the initial insertion	Once every 6 months
Oral Surgery	
• Extractions	
• Removal of residual roots	
• Surgical exposure of teeth	
• Alveolectomy, alveoplasty, gingivoplasty, stomatoplasty and osteoplasty	
• Alveolar ridge reconstruction	

BASIC SERVICES	
Eligible Expenses	**Limitations and/or Maximum per Covered Person**
• Extension of mucous folds	
• Excisions	
• Incisions	
• Frenectomy	
• Antral surgery	
• Control of hemorrhage	
• Post-surgical care	
Other Services	
• General anaesthesia, conscious or deep sedation	When administered in conjunction with extractions or surgery

OUTSIDE CANADA

For dental treatment rendered outside Canada to be eligible, the services must be:

1) for emergency treatment only, and

2) included in the list of Eligible Expenses.

RESTRICTIONS, LIMITATIONS AND EXCLUSIONS

Limitations

1) Any amount that exceeds the maximum indicated in the appropriate Fee Guide cannot be reimbursed.

2) The maximum reimbursement for lab fees is limited to the lesser of:

   a) the reasonable and usual charges for lab fees in the locality where services are provided, or

   b) 60% of the amount for the corresponding procedure in the Fee Guide, and

Alternate Benefit Clause

When two or more courses of dental treatment are available, reimbursement is limited to the cost of the least expensive treatment that will meet the Covered Person's basic needs.

The concept of a suitable course of treatment can vary among dental professionals. This limitation is not meant to affect the treatment plan as agreed to by the Dentist and the Covered Person.

General Exclusions

No reimbursement is made for:

1) dental services, treatment or supplies that a government health plan prohibits from being paid,

2) any dental treatment not approved by the Canadian Dental Association or that is considered experimental,

3) services, treatment or supplies provided by the Participating Employer,

4) charges made by a Dentist for broken appointments, claim forms or telephone advice,

5) Eligible Expenses that result directly or indirectly from:

   a) committing or attempting to commit a criminal offence, as set out under the Criminal Code of Canada,

   b) a cause that is the responsibility of a Workers' Compensation Act or similar legislation or any other government plan,

   c) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,

General Exclusions
6) any dental treatment for cosmetic purposes, when the form and function of the teeth are satisfactory and no pathological condition exists, 7) nutritional counselling, 8) any dental services or supplies, including X-rays, provided for: a) full mouth reconstruction, b) vertical dimension correction, c) the correction of temporomandibular joint dysfunction, or d) permanent splinting of teeth, 9) implants, 10) anaesthesia administered by acupuncture, by hypnosis or electronically, 11) services, treatments or supplies not included in the list of Eligible Expenses.

SHORT TERM DISABILITY BENEFIT

SUMMARY OF BENEFIT

When DFS receives satisfactory Proof of Claim that the Participant:

1) became Totally Disabled while covered under this Benefit and remained Totally Disabled during the Elimination Period, and

2) is under Continuing Medical Care of a Physician in his province of residence in Canada,

DFS pays weekly benefits according to policy provisions.

Benefits depend on the number of hours of work insured as described in the following table. These amounts from the decree regulating housekeeping are valid for 12 months. The effective dates and the amounts of benefits are specific to the Montreal and Quebec regions.

Please refer to Union des employés et employees de service, Section locale 800 *(services to insured members or website of Locale 800)* to validate the benefit amount for the current year if it is not shown in the table below.

Percentage and Maximum of Benefit – June 2017	
Participant of the Montreal decree working from:	
10 to 14 hours inclusive per week	$143
15 to 19 hours inclusive per week	$202
20 to 24 hours inclusive per week	$262
25 to 29 hours inclusive per week	$321
30 to 34 hours inclusive per week	$380
35 hours or more per week	$446
Percentage and Maximum of Benefit – November 2017	
Participant of the Quebec decree working from:	
10 to 14 hours inclusive per week	$139
15 to 19 hours inclusive per week	$198
20 to 24 hours inclusive per week	$256
25 to 29 hours inclusive per week	$314
30 to 34 hours inclusive per week	$372
35 hours or more per week	$436

Elimination Period
• 7 calendar days in case of Accident • 7 calendar days in case of Illness • 7 calendar days if hospitalized
Maximum Benefit Period
52 weeks
Taxability Status
Non-taxable
Integration to the Employment Insurance
Yes

ELIMINATION PERIOD

The Elimination Period is the period of continuous Total Disability that must be completed before Disability Benefits may be paid. It begins on the later of:

To qualify for the Elimination Period for an Accident, the Accident must be confirmed by a Physician and sustained not more than 30 days prior to the initial date of Total Disability. Failure to do so means that the Elimination Period for Illness applies.

If Total Disability begins during an absence from work, the Elimination Period begins:

1) on the first day of Total Disability, in case of a Parental or Family Related Leave or the "voluntary leave portion" of a Maternity Leave, or

2) on the date the Participant is scheduled to return to work for any other absence or leave,

provided the Participant can and does continue his coverage under this Benefit throughout the leave.

BENEFIT PAYMENT

Benefits are payable at the end of each calendar week of Total Disability, starting on the date the Elimination Period ends.

Benefits are payable during the "health related portion" of a Maternity Leave.

In case of a Total Disability that begins during an absence from work for a Maternity, Parental or Family Related Leave, benefits are payable at the end of each weekly period of Total Disability, starting on the later of:

1) the end of the Elimination Period, or

2) the scheduled return to work date.

Benefits are paid for as long as the Participant remains Totally Disabled, up to the Maximum Benefit Period. The Maximum Benefit Period includes the number of weeks during which employment insurance benefits are paid under the Employment Insurance Act.

Benefits are based on the Earnings immediately prior to the initial date of Total Disability.

Any payments for a period of less than one week are at the daily rate of 1/7 of the weekly benefit.

RECURRENT DISABILITY

If Short Term Disability benefits were paid and the Participant becomes Totally Disabled again, that period of disability is considered a recurrence of the previous Total Disability if the Participant is Actively At Work between the occurrences for:

1) less than 2 consecutive weeks if Total Disability is for the same or related cause, or

2) 1 day if Total Disability is due to entirely unrelated causes.

The Elimination Period only needs to be served once if Total Disability is a Recurrent Disability.

REHABILITATION

At any time, DFS may require a Totally Disabled Participant to take part in a rehabilitative activity consisting of:

1) engaging in a Disability Management program,

2) taking up rehabilitative employment considered appropriate by DFS, or

3) taking on modified work, when available.

Rehabilitative employment or modified work must be approved by DFS.

Benefit payments to a Participant terminate if he:

1) refuses to take part or participate in good faith in a Disability Management program;

2) the Participant fails to participate in any reasonable treatment or rehabilitation program considered appropriate by DSF.

REDUCTION OF BENEFITS

1) Direct offset

Benefits payable are reduced by any:

a) amount that the Participant is eligible to receive under any Workers' Compensation Act or similar legislation for salary loss,

b) disability benefits the Participant is eligible to receive under the Canada Pension Plan or the Quebec Pension Plan excluding amounts payable on behalf of Dependents,

c) amounts to indemnify salary loss under any government no-fault automobile insurance plan. This applies only if the premium reduction program under the Employment Insurance Act permits this limitation while allowing this Benefit to be registered,

d) severance or wrongful dismissal payments, and

e) payment made by the Participating Employer including vacation and sick pay.

Cost-of-living increases given after benefits begin are not included in the sources mentioned above.

2) Additional reduction in case of Rehabilitation

If the Participant earns any income as part of a rehabilitative activity, the benefits payable by DFS are reduced by the following formula:

$$(A \div B) \times C = \text{amount of reduction}$$

A = income earned from any rehabilitative activity

B = Earnings of the Participant immediately prior to initial date of Total Disability

C = Short Term Disability benefit otherwise payable.

While the Participant is taking part in a rehabilitative activity, benefits are reduced so that his total income from all sources does not exceed 100% of his Net Earnings immediately prior to the initial date of Total Disability.

The total income from all sources includes any of the following that the Participant receives or is eligible to receive:

a) any amounts payable under this Benefit,

b) any Earnings or payments from the Participating Employer,

c) any disability benefits payable under

   i) the Canada Pension Plan or the Quebec Pension Plan, excluding benefits payable on behalf of his Dependents.

   ii) any Workers' Compensation Act or similar legislation, or

   iii) any other federal or provincial legislation excluding the Employment Insurance Act,

d) any amounts payable from a retirement or pension plan provided by the Policyholder, and

e) any salary loss payments under any government no-fault automobile insurance plan if those payments have been approved as an acceptable limitation under the Employment Insurance Act while still permitting this Benefit to be registered under the premium reduction program.

Cost-of-living increases given after benefits begin are not included in total income from all sources.

3) Amount payable under public plans

The Participant is required to apply for all benefits available to him under any of the above plans. If he fails to apply, DFS will estimate the income that is otherwise payable under the plan or legislation involved. The Participant's Short Term Disability Benefit is reduced by this estimated amount. Any adjustments are made once the notice of the actual award is received.

If the Participant receives a lump-sum payment from any of the sources above, that payment is converted to an equivalent weekly amount and reduced from the Participant's weekly Short Term Disability Benefit payments.

LIMITATIONS AND EXCLUSIONS

Limitations
No benefits are paid for any period of Total Disability: 1) while the Participant is not under Continuing Medical Care for the Illness or Accident causing the Total Disability,

2) during a Parental or Family-Related Leave, or the "voluntary leave portion" of the Maternity Leave for Total Disability occurring during this period,

3) during any absence from work for a strike, lock-out, Leave of Absence or lay-off, for Total Disability occurring during this period,

4) while the Participant is imprisoned due to conviction of an offence,

5) if the Participant remains outside Canada regardless of the reason, unless DFS gives prior written consent, and

6) while benefits are paid under the Employment Insurance Act, other than those paid during the "health related portion" of the Maternity leave.

Exclusions

No benefits are payable for Total Disability resulting directly from any one of the following causes:

1) war, whether declared or not, or service in the armed forces of any country or participation in a riot, insurrection or civil commotion,

2) committing a criminal offence, including operating a vehicle while impaired, as set out under the Criminal Code of Canada,

3) cosmetic surgery or treatment, unless the surgery or treatment is required due to an Illness or injury,

4) the Participant fails to participate in any reasonable treatment or rehabilitation program considered appropriate by DSF.

TERMINATION OF BENEFIT PAYMENTS

Benefit payments end on the earliest of the date:

1) the Participant is no longer Totally Disabled,

2) the Participant engages in any gainful occupation. This does not include rehabilitative activity as part of the Disability Management program,

3) by which the Participant is required to provide satisfactory proof of continued Total Disability to DFS. Also the date the Participant is required to undergo a medical examination at the request of DFS, but neglected or refused to do so,

4) benefits have been paid up to the Maximum Benefit Period for any one episode of Total Disability,

5) the Participant refuses rehabilitative employment considered appropriate by DFS or does not comply with DFS's decision to take on modified work.

6) this Benefit terminates. If a Participant is Totally Disabled prior to attaining the age this Benefit terminates and on attaining it, he is still so disabled and has not yet received 15 weeks of benefit payments for that disability, coverage will be extended to the earliest of the date:

   a) 15 weeks of benefits have been paid,

   b) he is no longer Totally Disabled, or

   c) he retires.

OPTIONAL LONG TERM DISABILITY BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that the Participant:

1) became Totally Disabled while covered under this Benefit and remained Totally Disabled during the Elimination Period, and

2) is under Continuing Medical Care of a Physician in his province of residence in Canada,

DFS pays benefits according to policy provisions.

Benefits depend on the number of hours of work insured as described in the following table. These amounts from the decree regulating housekeeping are valid for 12 months. The effective dates and the amounts of benefits are specific to the Montreal and Quebec regions.

Please refer to Union des employés et employees de service, Section locale 800 *(services to insured members or website of Locale 800)* to validate the benefit amount for the current year if it is not shown in the table below.

Percentage and Maximum of Benefit – June 2017	
Participant of the Montreal decree working from:	
10 to 14 hours inclusive per week	$620
15 to 19 hours inclusive per week	$875
20 to 24 hours inclusive per week	$1,135
25 to 29 hours inclusive per week	$1,391
30 to 34 hours inclusive per week	$1,647
35 hours or more per week	$1,933
Percentage and Maximum of Benefit – November 2017	
Participant of the Quebec decree working from:	
10 to 14 hours inclusive per week	$603
15 to 19 hours inclusive per week	$858
20 to 24 hours inclusive per week	$1,110
25 to 29 hours inclusive per week	$1,361
30 to 34 hours inclusive per week	$1,612
35 hours or more per week	$1,890

Elimination Period
52 weeks or the end of the Maximum Benefit Period for the Short Term Disability Benefit, whichever is later
Maximum Age to be Eligible
64 years old
Maximum Benefit Period
5 years
Taxability Status
Non-taxable

ELIMINATION PERIOD

The Elimination Period is the period of continuous Total Disability that must be completed before Disability Benefits may be paid. It begins on the later of:

If Total Disability begins during an absence from work, the Elimination Period begins:

1) on the first day of Total Disability, in case of a Parental or Family Related Leave, or the "voluntary leave portion" of a Maternity Leave, or

2) on the date the Participant is scheduled to return to work, for any other absence or leave,

provided the Participant can and does continue his coverage under this Benefit throughout the leave.

BENEFIT PAYMENT

Benefits are payable at the end of each month of Total Disability, starting on the date the Elimination Period ends.

Benefits are payable during the "health related portion" of a Maternity Leave.

In case of a Total Disability that begins during an absence from work for a Maternity, Parental or Family Related Leave, benefits are payable at the end of each monthly period of Total Disability, starting on the later of

1) the end of the Elimination Period, or

2) the scheduled return to work date.

Benefits are paid for as long as the Participant remains Totally Disabled, up to the Maximum Benefit Period.

Benefits are based on the Earnings immediately prior to the initial date of Total Disability.

Any payments for a period of less than one month are at the daily rate of 1/30th of the monthly benefit.

RECURRENT DISABILITY

Successive periods of Total Disability for the same or related cause are considered recurrent if the Participant is Actively At Work between occurrences for:

1) less than 31 consecutive working days during the Elimination Period, or

2) less than 6 consecutive months.

A successive period of Total Disability due to entirely unrelated cause is recurrent unless the Participant is Actively At Work for one day.

The Elimination Period only needs to be served once if Total Disability is a Recurrent Disability.

REHABILITATION

At any time, DFS may require a Totally Disabled Participant to take part in a rehabilitative activity consisting of:

1) engaging in a Disability Management program,

2) taking up rehabilitative employment considered appropriate by DFS, or

3) taking on modified work, when available.

Rehabilitative employment or modified work must be approved by DFS.

Benefit payments to a Participant terminate if he:

1) refuses to take part or participate in good faith in a Disability Management program,

2) does not take up rehabilitative employment considered appropriate by DFS, or

3) does not comply with DFS's decision to take on modified work.

REDUCTION OF BENEFITS

1) Direct Offset

Benefits payable under this Benefit are reduced by any:

a) amounts for salary loss that the Participant is eligible to receive under any Workers' Compensation Act or similar legislation,

b) disability benefits the Participant is eligible to receive under the Canada Pension Plan or the Quebec Pension Plan excluding amounts payable on behalf of Dependents,

c) amounts to indemnify salary loss under any no-fault automobile insurance plan, and

d) amount payable by a private pension plan for disability.

Cost-of-living increases given after benefits begin are not included in the sources mentioned above.

2) Indirect Offset

Benefits are further reduced so that the Participant's total income from all sources does not exceed 85% of the Net monthly Earnings in effect immediately prior to the initial date of Total Disability.

The Participant's total income from all sources includes any of the following that the Participant receives or is eligible to receive:

a) any amounts payable under this Benefit,

b) any monthly Earnings or payments from the Participating Employer,

c) any disability benefits payable under:

   i) the Canada Pension Plan or the Quebec Pension Plan, excluding amounts payable on behalf of Dependents,

   ii) the Workers' Compensation Act or similar legislation for salary loss, and

   iii) any other government plan, excluding benefits payable under the Employment Insurance Act, or

   iv) any other group or association insurance plan,

d) any amount payable by a private pension plan for disability, and

e) any amount to indemnify salary loss under any government no-fault automobile insurance plan.

Cost-of-living increases given after benefits begin are not included in total income from all sources.

3) Additional reduction in case of Rehabilitation

If the Participant earns any income while taking part in a rehabilitative activity, the benefits payable by DFS are reduced by the following formula:

$$(A \div B) \times C = \text{amount of reduction}$$

A = Income earned from any rehabilitative activity

B = Earnings of the Participant immediately prior to initial date of Total Disability

C = Long Term Disability benefit otherwise payable.

While the Participant is taking part in a rehabilitative activity, benefits are reduced so that his total income from all sources does not exceed 100% of his Net Earnings immediately prior to the initial date of Total Disability.

4) Amount payable under public plans

The Participant is required to apply for all benefits available to him under any of the above plans. If he fails to apply, DFS will estimate the income that is otherwise payable under the plan or legislation involved. The Participant's Long Term Disability Benefit is reduced by this estimated amount. Any adjustments are made once the notice of the actual award is received.

If the Participant receives a lump-sum payment from any of the sources above, the payment is converted into either:

a) the equivalent monthly payment over a period of 60 months, or

b) the number of months of disability that the lump sum is paid for,

and reduced from the Participant's Long Term Disability benefits.

LIMITATIONS AND EXCLUSIONS

Limitations

No benefits are payable for any period of Total Disability:

1) during which the Participant is not under Continuing Medical Care for the Illness or Accident causing the Total Disability,

2) during a Maternity, Parental or Family Related Leave for Total Disability occurring during this period,

3) during any absence from work for a strike, lock-out, Leave of Absence or lay-off, for Total Disability occurring during this period,

4) while the Participant is imprisoned due to conviction of an offence, and

5) if the Participant remains outside Canada for longer than 3 months regardless of the reason, unless DFS gives prior written consent.

Pre-existing condition exclusion

No benefits are payable for any Total Disability that:

1) began during the first 24 months from the effective date of the Participant's coverage, and

2) was, directly or indirectly, the result of a condition or symptoms, whether diagnosed or not, and for which, during the 24 month period immediately prior to the effective date of coverage:

   a) the Participant is treated by a Physician, or

   b) prescribed drugs are taken.

If the policy has been in force for less than 24 months, the 24 month period includes any period that the Participant is covered under a comparable benefit under the Policyholder's prior group insurance policy in effect immediately prior to the Effective Date of the policy.

Other exclusions

No benefits are payable for Total Disability resulting directly or indirectly from any one of the following causes:

1) war, whether declared or not, or service in the armed forces of any country, or participation in a riot, insurrection or civil commotion,

2) committing or attempting to commit a criminal offence, including operating a vehicle while impaired, as set out under the Criminal Code of Canada,

3) cosmetic surgery or treatment, unless such surgery or treatment is required due to an Accident that occurred while the Participant is covered under this Benefit,

4) alcohol or drug abuse unless the Participant is

   a) actively taking part in an on-going therapeutic program supervised by a Physician,

   b) receiving Continuing Medical Care or treatment for rehabilitation, and

   c) staying in an established treatment centre qualified to provide the necessary treatment or care.

TERMINATION OF BENEFIT PAYMENTS

Benefit payments end on the earliest of the date:

1) the Participant is no longer Totally Disabled,

2) the Participant engages in any gainful occupation. This does not include rehabilitative activity as part of the Disability Management program,

3) set by DFS by which the Participant is required to provide satisfactory proof of continued Total Disability. Also the date the Participant is required to undergo a medical examination at the request of DFS, but neglected or refused to do so,

4) benefits have been paid up to the Maximum Benefit Period for any one episode of Total Disability,

5) the Participant refuses rehabilitative employment considered appropriate by DFS or does not comply with DFS's decision to take on modified work,

6) the Participant retires, or

7) this Benefit terminates.

LIFE BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory proof of claim that a person died while covered under this Benefit, DFS will pay the amount applicable to that person according to policy provisions.

BASIC LIFE BENEFIT

Participant
Amount of Insurance
$15,000

Dependents	
Amount of Insurance	
Spouse	**Each Child**
$5,000	$2,500

LIVING BENEFIT

A Totally Disabled Participant whose life expectancy is less than 24 months and whose premiums are waived may apply for payment of a portion of his amount of Basic Life Benefit subject to the following conditions:

1) approval is obtained from DFS,

2) the Participant must attend any examination by a Physician designated by DFS when required,

3) the Participant must qualify for approval for the Waiver of Premium Benefit under the Basic Life Benefit of the policy, and

4) any designated Beneficiary must sign a consent to such payment on a form provided by DFS.

The Living Benefit is 50% of the amount of Basic Life Benefit applicable to the Participant. The amount cannot be less than $5,000 or more than $100,000.

On the death of the Participant, the Value of the Living Benefit is deducted from the amount of Life Benefit otherwise payable had the Living Benefit not been paid.

The Value of the Living Benefit is:

1) the total amount of the Living Benefit paid,

2) the reasonable costs to verify the medical condition of the Participant, plus

3) interest calculated on the Living Benefit from the payment date until the date of death.

The interest rate is set according to the annual average rate of return on one-year guaranteed investment certificates issued by Canadian trust companies. The rate is that established immediately after the payment of the Living Benefit, as published in the monthly or weekly issue of the Bank of Canada Statistical Summary.

LIVING BENEFIT EXCLUSION

The Living Benefit is not payable if there is any material misrepresentation or non-disclosure in the application. If the application or coverage is discovered to be null and void after the Living Benefit is paid, the Value of the Living Benefit will be repaid to DFS by the recipient of the Living Benefit.

The Living Benefit provision does not apply to Retirees.

CONVERSION PRIVILEGE

If the Life Benefit of a Participant aged 65 or younger terminates, the Participant is entitled to convert his and his Spouse's amount of insurance to an individual policy without Evidence of Insurability, up to the lesser of:

1) the amount of insurance that is lost because of termination,

2) the maximum amount required by legislation in the Covered Person's province of residence, or

3) the difference between the amount of Life Benefit in force on the date of termination of coverage and the amount of insurance that the Covered Person is eligible for under another group life insurance at the time he exercises his conversion right.

A written application for conversion must be submitted to DFS within 31 days of the date of termination of his coverage under this Benefit.

The amount of Life Benefit that a Covered Person is eligible to convert is reduced by the amount of any in force individual Life Benefit that he previously converted under the terms of this provision. Any amount converted under any other group insurance policy issued by DFS is also reduced from the amount the Covered Person is eligible to convert.

The individual policy takes effect after 31 days following the date of termination of his coverage under this Benefit.

If a Covered Person dies within 31 days of termination of his coverage under this Benefit, the amount he is able to convert is eligible to be paid.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

SUMMARY OF BENEFITS

When DFS receives satisfactory Proof of Claim that:

1) a Covered Person suffered one of the losses specified below within 365 days of an Accident,

2) the loss is the direct result of the Accident, independent of any other cause, and

3) the Accident and the loss occurred while the Person is covered under this Benefit,

DFS will pay the amount as specified in the Schedule of Losses and all other policy provisions.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Amount of Insurance
Participant
Equal to the Basic Life Benefit

SCHEDULE OF LOSSES

The amount payable is based on the percentage of the amount of insurance specified in the Summary of Benefits.

Loss of	Percentage
Life	100%
Hearing in Both Ears and Speech	100%
Sight of Both Eyes	100%
Both Hands or Both Feet	100%
Both Arms or Both Legs	100%
One Hand and Sight of One Eye	100%

Loss of	Percentage
One Foot and Sight of One Eye	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
Hearing in Both Ears or Speech	50%
Sight of One Eye	66 2/3%
One Hand or One Foot	66 2/3%
Thumb and Index Finger of the Same Hand	33 1/3%
At least Four Fingers of the Same Hand	33 1/3%
Hearing in One Ear	16 2/3%
All Toes of One Foot	12 1/2%

Loss of Use of	Percentage
Both Arms or Both Hands	100%
Both Legs or Both Feet	100%
One Hand and One Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Thumb and Index Finger of the Same Hand	33%
Hemiplegia, Paraplegia, Quadriplegia	200%

DISAPPEARANCE

If a Covered Person disappears due to an Accident involving the sinking or disappearance of a conveyance in which he is riding and his body is not found within 365 days of the Accident, it is presumed that the Covered Person died due to the Accident unless there is evidence to the contrary.

EXPOSURE

Loss due to unavoidable exposure to the Elements is considered an Accident.

REHABILITATION

If a Participant requires training because of an eligible loss, DFS reimburses the reasonable and necessary training expenses actually incurred, up to a maximum of $10,000, provided that:

1) the Participant requires the training in order to qualify for employment in an occupation he would otherwise not engage in except for the loss, and

2) expenses are incurred within 2 years of the date of the Accident.

FAMILY TRANSPORTATION AND HOTEL ACCOMMODATION

If a Covered Person is confined in a Hospital due to an eligible loss, DFS reimburses the reasonable expenses incurred by members of his Immediate Family for hotel accommodation and transportation by the most direct route to the Hospital, up to a lifetime maximum of $1,500 for all expenses combined, provided that:

1) the Hospital is located more than 150 kilometres from his normal place of residence,

2) he is confined as an inpatient, and

3) he is under the regular care of a Physician other than himself.

REPATRIATION

If a Covered Person dies due to an Accident, DFS reimburses the reasonable and customary expenses incurred for preparation of the body for burial or cremation and transportation of the body to the Covered Person's place of residence in Canada, up to a maximum of $10,000, provided that:

1) the Accident occurs 100 kilometres or more from his normal place of residence, and

2) the loss of life benefit is eligible to be paid.

SEAT BELT

If a Covered Person is injured in a car Accident and suffers an eligible loss, the amount payable is increased by 10% if:

1) he is wearing a properly fastened Seat Belt,

2) the loss occurred while he is a passenger or the driver of a private Vehicle,

3) the driver of the Vehicle has a valid driver's licence for the type of vehicle he is driving at the time of the Accident, and

4) the official Accident report or the investigator verifies the use of the Seat Belt.

HOME OR VEHICLE CONVERSION

DFS reimburses the initial costs of converting the following if the Covered Person suffers an eligible loss requiring the use of a wheelchair. An overall maximum limited to $10,000 is available for converting:

1) one home so that it is wheelchair-accessible, and

2) one Vehicle belonging to the Participant or Covered Person so that he can access this vehicle and/or drive it,

Proof of payment is required.

Reimbursement is only made if:

1) the modifications made to the home are done by one or more people approved by a licensed organization that offers support and assistance to wheelchair users, and

2) the modifications made to the vehicle are done by one or more people authorized by the provincial motor vehicle office in the Covered Person's province of residence.

EDUCATION COSTS

If a Participant dies due to an Accident and a loss of life benefit is payable, DFS reimburses an Education Costs benefit for each Child who was covered under the policy on the date of the Accident and the date the Participant dies, if on the date of the Accident the Child is:

1) enrolled as a full-time student in an institution of higher learning above the secondary school level, or

2) in a secondary school, but then enrolls as a full-time student in an institution of higher learning within 365 days of the death of the Participant.

The Education Costs Benefit includes all reasonable and necessary expenses incurred for tuition and related costs, up to

1) 5% of the amount that the Participant is covered for under this Benefit on the date of his death, and

2) an overall maximum of $5,000 per school year for a maximum of 4 years.

The Child must continue his education on a full-time basis in an institution of higher learning without any interruption longer than the normal school vacation.

SPOUSAL RETRAINING

If the Spouse is covered on the date the Participant dies due to an Accident, DFS will pay the reasonable and necessary expenses incurred by their Spouse for a formal training program provided that:

- the Spouse is taking the program to gain active employment in any occupation for which they would not otherwise be qualified; and
- the expenses are incurred within 3 years of the Member's death.

The amount payable under this benefit provision will not exceed $10,000.

Exclusions : travelling, clothing and ordinary living expenses.

LIMITATIONS AND EXCLUSIONS

Limitations
For multiple losses to the same limb from a single Accident, the maximum amount payable is the loss in the schedule with the highest percentage. Payment for all losses caused by a single Accident cannot exceed: 1) 200% of the Amount of Insurance for Hemiplegia, Paraplegia and Quadriplegia, or 2) 100% of the Amount of Insurance for other losses.

Exclusions

No payment is paid for a loss resulting in whole or in part, directly or indirectly from any of the following:

1) suicide or intentionally self-inflicted injury, while sane or insane,

2) dental or medical treatment, a surgical procedure or the administration of anaesthesia,

3) war, whether declared or not, service in the armed forces of any country or participation in a riot, insurrection or civil commotion,

4) injuries sustained while the Participant is flying or attempting to fly an airplane or other type of aircraft, if the Participant is part of the crew or is performing any other flight duties; or

5) any accident or injury that occurs while the Participant is operating a vehicle under the influence of any intoxicant of with a blood alcohol level in excess of the legal limit in the jurisdiction in which the Accident occurred.

Our Commitment to Our Plan Members

As one of our valued Plan Members, you are entitled to our attention and respect. We make it a point to be available to provide you with any assistance you may require. You can rely on our knowledgeable team that is committed to settling your claims objectively and diligently, thereby delivering the kind of service you have come to expect.

At Desjardins Insurance, the needs of the Plan Members are at the heart of the organization. Your financial security is vital to us and, as such, we will provide financial support in the event of illness, an accident or death.

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