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SUMMARY OF BENEFITS

This summary section is not a complete booklet. It has been prepared to give you an informal outline of the main features of your group benefits.

Please access the other sections of your E-booklet for further details, or contact your Human Resources Department.

WAITING PERIOD:	On the first day of the month coincident with or immediately following the date your employment begins
EMPLOYEE LIFE INSURANCE:	3 times annual earnings, up to a maximum of \$800,000
OPTIONAL LIFE INSURANCE:	units of \$10,000 to a maximum of \$250,000, available to employees and/or their spouses under age 65
ACCIDENTAL DEATH & DISMEMBERMENT:	3 times annual earnings, up to a maximum of \$800,000
EXTENDED HEALTH	
Deductible:	None for Hospital (In Canada), Convalescent Care, Out-of-Canada Referrals and Vision Care expenses \$25 single or family per calendar year for all other eligible expenses
Benefit Percentage:	100% for Out-of-Canada Referrals and Vision Care expenses 95% of the first \$1,000 of all other paid expenses; 100% thereafter in any calendar year
Lifetime Maximum:	\$1,000,000
Hospital:	up to private room (not subject to the Lifetime Maximum)
Pay-direct Drugs:	prescriptions by law, but excluding: <ul style="list-style-type: none">- all fertility drugs and treatment;- weight loss drugs, other than Xenical;- hair growth stimulants; and- drugs for the treatment of erectile dysfunction.
	Drugs prescribed to stop smoking are covered up to a lifetime maximum benefit of \$500.
Paramedical Services:	Acupuncturist: \$100 per calendar year Chiropractor, Naturopath, Speech Therapist and Osteopath: \$200 per calendar year per specialty Podiatrist or Chiropodist: \$200 per calendar year combined Physiotherapist, Massage Therapist: \$500 per calendar year per specialty Clinical Psychologist or Counselor: \$800 per calendar year combined
	\$20 maximum per calendar year for x-rays by osteopaths \$20 combined maximum per calendar year for x-rays by chiropractors, podiatrists or chiropodists
Orthopedic Shoes & Orthotics:	\$500 per adult (\$300 per child) in a calendar year
Private Duty Nursing:	\$25,000 in any 3 consecutive calendar years. Coverage applies when in hospital or out of hospital, provided nursing care is certified as necessary by a doctor
Hearing Aids:	\$600 every 5 calendar years, including replacement and repairs
Vision Care:	\$500 every 24 consecutive months

SUMMARY OF BENEFITS

EMERGENCY TRAVEL (ETA)

Deductible:	None
Benefit Percentage:	100%
Lifetime Maximum:	Unlimited

DENTAL EXPENSE

Deductible:	None
Benefit Percentage:	100% Plan A - Basic Services 75% Plan B - Major Restorative Services 75% Plan C – Orthodontics
Maximums:	Unlimited for Basic and Major Restorative Services \$2,200 lifetime maximum for Orthodontics
Recall Exams:	Twice every 12 months for dependent children under age 22 Once every 9 months for all others
Fluoride Treatment:	Twice every 12 months for dependent children under age 22 Once every 9 months for all others
Polishing:	Two units of time every 12 months for dependent children under age 22 One unit of time every 9 months for all others
Scaling/Root Planing:	16 units of time per calendar year <i>One unit of time = 15 minutes</i>
Orthodontics:	Orthodontics are covered only for dependent children under age 22 or age 25 if full-time student

LONG TERM DISABILITY

Benefit Amount:	70% of your monthly earnings, to a maximum of \$12,000 per month.
No-Evidence Limit:	Evidence of your insurability satisfactory to Manulife Financial will be required for amounts in excess of \$10,000 per month.
Minimum Benefit:	The minimum monthly benefit is the greater of \$100 or 10% of the monthly benefit after all deductions for other income.
Cost of Living Adjustment:	The monthly benefit payable, after Reductions of Coverage have been applied, shall be increased annually on each anniversary beginning at the 3rd anniversary of benefit payments. The amount of this increase shall be an annual rate of 3%.
Qualifying Period:	94 consecutive calendar days of continuous disability or expiry of short term disability payments, whichever is shorter
Maximum Duration:	Benefits will continue: <ul style="list-style-type: none">• to the end of the month following your attainment of age 65;• to the end of the month in which you retire with a pension or become eligible to retire with a full pension or equivalent; or• to the end of the month in which you die; whichever is earliest.

GENERAL PROVISIONS

Eligibility

A permanent employee who works a minimum of 15 hours per week, will become eligible for coverage on the first of the month coincident with or immediately following the date employment begins.

When Your Insurance Starts

Your insurance comes into effect on the latest of the following dates if you are actively at work on that date:

- the date you become eligible;
- the date you apply; or
- if Evidence of Insurability is required the date it is approved by the Insurer.

Evidence of Insurability

Evidence of Insurability is required if:

- you apply for insurance more than 31 days after becoming eligible to apply;
- you reapply after your insurance has terminated due to non-payment of premium; or
- you apply for Optional Life Insurance.

When Your Insurance Terminates

Your insurance terminates in the event of:

- non-payment of premium;
- a change in your classification to one not insured;
- termination of your employment;
- termination or amendment of the Master Policy;
- your commencing active duty in any armed forces;
- your attainment of the age specified in the Description of Benefits section; or
- your retirement.

Note: In the event you are absent from work due to sickness, injury, layoff or leave of absence, your insurance coverages may continue for a period as outlined in the Master Policy, but only if the required premiums are paid.

Change in Amounts of Insurance

A change in the amount of your insurance shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are actively-at-work.

GENERAL PROVISIONS

Eligible Dependents:

Eligible dependents under this plan shall include:

- Your unmarried children (or your spouse's children) other than foster children who are under age 22, or under age 25 if a full-time student in an accredited school, college, or university. Dependent children must be financially dependent on you for support.

Note: Coverage stops at the end of the month in which your child attains age 22 or 25.

- Functionally impaired children who are totally dependent upon you for support. For the purposes of this plan, functionally impaired shall mean an unmarried person who was insured as a dependent prior to becoming functionally impaired who is wholly dependent upon you for support and maintenance within the terms of the Income Tax Act.
- Your spouse, which includes:
 - i) a person married to you as a result of a valid civil or religious ceremony; or
 - ii) a person whose common law relationship with you has existed for a minimum period of 12 consecutive months immediately prior to the date on which a claim arose, provided the existence of such relationship includes continuous cohabitation and public representation of married status.

If you have been married to more than one person, you can only claim your current spouse or your current common law relationship if you have been cohabiting for more than 12 months.

Co-ordination of Benefits

Payment of Extended Health Care, Emergency Travel Assistance and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, Manulife Financial has a right to receive and release information on benefits and if necessary, collect any overpayments made by it. Benefit payments will be determined as follows:

Order of benefit payment will be determined as follows:

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (i.e., responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (i.e., responsible for making the payment to cover the remaining eligible expenses).

If the other Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expenses.

If the other Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

GENERAL PROVISIONS

Co-ordination of Benefits (Continued)

- For Claims incurred by you or your Dependent Spouse:

The Plan covering you or your Dependent Spouse as an employee/member pays benefits before the Plan covering you or your Spouse as a dependent.

In situations where you or your Spouse have coverage as an employee/member under more than one Plan, the order of benefit payment will be determined as follows:

- The Plan where the person is covered as an active full-time employee, then
- The Plan where the person is covered as an active part-time employee, then
- The Plan where the person is covered as a retiree.

- For Claims incurred by your Dependent Child:

The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

When parents are separated or divorced, the following order applies:

- The Plan of the parent with custody of the child, then
- The Plan of the spouse of the parent with custody of the child (i.e., if the parent with custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child), then
- The Plan of the parent not having custody of the child, then
- The Plan of the spouse of the parent not having custody of the child (i.e., if the parent without custody of the child remarries or has a common-law spouse, the new spouse's Plan will pay benefits for the Dependent Child).

A claim for accidental injury to natural teeth will be determined under Extended Health Care Plans with accidental dental coverage before it is considered under Dental Plans.

If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

Submitting a Claim for Co-ordination of Benefits

As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.

Submit all necessary claim forms and original receipts to the Primary Carrier.

Keep a photocopy of each receipt.

Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms and receipts to the Secondary Carrier for further consideration of payment, if applicable.

GENERAL PROVISIONS

Time Limitations

A claim for disability income benefits must be submitted within 6 months of the end of the qualifying disability period.

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

A claim for any other loss must be submitted within 15 months following the date the loss is incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

EMPLOYEE LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. You may change your beneficiary at any time by written notice to your Employer, subject to any policy or legal limitations.

Benefit Amount	You are eligible for an amount of insurance equal to 3 times your annual earnings. The benefit is rounded to the next higher \$1,000 if not already a multiple thereof and is subject to a maximum of \$800,000.
Termination Age	Your benefit terminates on your 70th birthday or earlier retirement.

Waiver of Premium for Disability

If you i) qualify for Long Term Disability benefits or ii) become totally disabled for 94 consecutive calendar days before age 65, your Life Insurance will be continued free of charge until you cease to be totally disabled or you reach age 65, whichever occurs first.

To qualify, you must be unable to perform each of the material duties of your regular occupation during the Qualifying Period and the next 3 years. After this period, total disability means you are unable to work at any occupation or employment, for wage or profit, for which you are or may become qualified by training, education or experience.

Note: In order to qualify for the Waiver of Premium benefit you must notify Manulife Financial of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the Insurer within 18 months of that last active working day.

Conversion Privilege

If your Group Benefits terminate, you may be eligible to convert your Employee Life Insurance to an individual policy, without medical evidence. You must apply for the individual policy, and pay the first monthly premium within 31 days of the termination of your Employee Life Insurance. For information on the conversion privilege, please contact Employee Services.

OPTIONAL LIFE INSURANCE

Benefit Amount	If you are under age 65, you may apply for this coverage for you or your spouse in units of \$10,000, subject to a maximum of 25 units (\$250,000). This coverage is available in addition to, not in lieu of, Employee Life Insurance.
No Evidence Limit	Evidence of insurability, satisfactory to Manulife Financial, shall be required for all amounts.
Termination Age	Your benefit terminates on the date you attain age 65 or earlier retirement. Your spouse's insurance terminates on your attainment of age 65 or retirement, or your spouse's attainment of age 65, whichever is earlier.

In the event of your death while insured, the amount of your Optional Life Insurance is payable to your beneficiary. In the event of the death of your spouse while insured, the amount of your spouse's Optional Life Insurance is payable to you.

However, if you or your spouse die due to self-destruction while sane or insane, Manulife Financial will not pay any part of Optional Life Insurance which became effective less than two years prior to your date of death. Misstatement of non-smoker status by you or your spouse shall constitute fraud and Manulife Financial will not pay any part of Optional Life Insurance regardless of the cause of death.

The provisions of this coverage shall be the same as for Employee Life Insurance except that Waiver of Premium Benefit for the spouse ceases on the earlier of: a) the date the Waiver of Premium for Life Insurance ceases, or b) the date the policy or coverage terminates.

Definition of Non-Smoker

A person who has totally abstained from smoking cigarettes or cannabis for a one year period immediately preceding the date of his/her application for Non-Smoker Status as outlined in the Master Policy.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

This plan is underwritten by
Industrial-Alliance *Pacific* Life Insurance Company

Policy Number 100005427

Eligibility

You are eligible for coverage under the Basic Accidental Death & Dismemberment benefit provided you are an eligible employee under the terms of this policy. Your insurance will become effective on the date your Life Insurance coverage commences.

Benefit Amount You are eligible for an amount of insurance equal to 3 times your annual earnings. The benefit is rounded to the next higher \$1,000 if not already a multiple thereof and is subject to a maximum of \$800,000.

Termination Age Your benefit terminates on your 70th birthday or earlier retirement.

Benefit Description

Accidental Death & Dismemberment applicable 24 hours a day each and every day.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Schedule of Losses

If injury shall, within 365 days of the date of the accident causing such injury, result in any of the following losses, the insurer will pay for loss of or permanent and total loss of use of:

Life	The Principal Sum.
Both Hands	The Principal Sum.
Both Feet	The Principal Sum.
Both Arms	The Principal Sum.
Both Legs	The Principal Sum.
Entire Sight of Both Eyes	The Principal Sum.
One Hand and One Foot	The Principal Sum.
One Hand and the Entire Sight of One Eye	The Principal Sum.
One Foot and the Entire Sight of One Eye	The Principal Sum.
Speech and Hearing in Both Ears	The Principal Sum.
One Arm	Three-Quarters of The Principal Sum.
One Leg	Three-Quarters of The Principal Sum.
One Hand	Three-Quarters of The Principal Sum.
One Foot	Three-Quarters of The Principal Sum.
Entire Sight of One Eye	Three-Quarters of The Principal Sum.
Speech or Hearing in Both Ears	Three-Quarters of The Principal Sum.
Thumb and Index Finger of Either Hand	One-Third of The Principal Sum.
Four Fingers of Either Hand	One-Third of The Principal Sum.
Four Toes of One Foot	One-Quarter of The Principal Sum.
Hearing in One Ear	One-Quarter of The Principal Sum.

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times The Principal Sum.
Paraplegia (complete paralysis of both lower limbs)	Two Times The Principal Sum.
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	Two Times The Principal Sum.

“Loss” as above and used with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; and as used with reference to hearing means the total and irrecoverable loss thereof. “Loss” as above used with reference to quadriplegia, paraplegia and hemiplegia means the permanent and irrecoverable paralysis of such limbs.

Any indemnity payable for Loss of Use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

Only one of the amounts shown on the Schedule of Losses, the largest, is payable for all losses resulting from any one accident to any one Insured Person.

Aggregate Limit Of Indemnity

The aggregate limit applicable for all losses from any one accident is \$5,000,000.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Description Of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy, is defined as injury sustained by the insured person while this policy is in force.

Beneficiary

Death Benefits – Shall be paid to the beneficiary designated under your Group Life Insurance policy. If no such designation has been filed, death benefits shall be paid to your estate.

Dismemberment Benefits - In the case of dismemberment, the benefits are payable to the employee. If death occurs within 365 days of dismemberment the death benefit will be reduced by the amount previously paid.

Additional Benefits

The **Conversion Option** may allow you to convert your insurance to an individual accident insurance plan with no evidence of insurability should you terminate active employment, other than through retirement. You must apply for conversion within 31 days of your termination date.

The **Day-Care Benefit** may pay toward the cost of day-care expenses for your children if you become fatally injured, up to a maximum of 5% of your selected amount of insurance or \$5,000.00 per year, but not to exceed four consecutive years.

The **Family Transportation Benefit** may pay up to \$10,000.00 for the transportation and lodging of an immediate family member to visit you if confined to a hospital which is at least 150km from your normal residence. Car travel will be reimbursed at \$0.20 per kilometre travelled.

The **Home Alteration and Vehicle Modification Benefit** may pay up to \$10,000.00 to modify your home or vehicle to make them wheelchair accessible should you become permanently paralyzed, lose both feet or lose the use of both feet.

The **Repatriation Benefit** may pay up to \$15,000.00 toward the expense of burial preparation and shipment of your remains to your city of residence should you become fatally injured outside of your normal city of residence.

The **Rehabilitation Benefit** may pay up to \$15,000.00 within three years of the date of the accident toward the cost of reasonable and necessary expenses resulting from undergoing special training in order to be qualified to engage in a special occupation because injury from an accident did not allow you to continue in your current occupation.

The **Seat Belt Benefit** may pay an additional 10% of your amount of insurance up to \$25,000.00 if at the time of the accident you were driving or riding in a vehicle and wearing a properly fastened seat belt.

Education Benefit – pays toward the cost of children's full-time post-secondary education if you become fatally injured, up to a maximum of 5% of your amount of insurance or \$5,000.00, but not to exceed four consecutive years.

Spousal Retraining Benefit – pays towards formal occupational training program for a spouse to become sufficiently qualified for active employment in an occupation for which he/she would not otherwise have sufficient qualifications, not to exceed \$10,000.00 in aggregate for all expenses.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Termination of Insurance

Insurance on an employee will automatically terminate on the last day of the month coincident with or next following:

- the date specified in the Eligibility section of this benefit,
- the date the employee terminates his employment, or
- the employee's retirement

Exclusions

The plan does not cover loss caused by suicide or any attempt thereafter while sane or insane; intentionally self-inflicted injury; injury sustained in consequence of riding as a crew member or pilot in any vehicle or device for aerial navigation; injury sustained in consequence of riding as a passenger in aircraft owned, operated or leased by your employer; declared or undeclared war or any act thereof or full-time active service in the armed forces of any country.

EXTENDED HEALTH CARE

In the event you incur any of the Eligible Expenses listed below, you will be paid a percentage of such expenses, as outlined below:

Deductible	-	None for Hospital (In Canada), Convalescent Care, Out-of-Canada Referrals and Vision Care expenses \$25 single or family per calendar year for all other eligible expenses
Benefit Percentage	-	100% for Out-of-Canada Referrals and Vision Care expenses 95% of the first \$1,000 of all other paid expenses; 100% thereafter in any calendar year
Lifetime Maximum	-	\$1,000,000
Termination Age	-	August 31st following attainment of age 65, or end of the month following retirement, whichever is earlier

Eligible Expenses

Describes the benefits provided and any specific limitations. Such expenses must be reasonable and customary, medically necessary and/or prescribed by a physician.

Hospital (In Canada)

Charges, in excess of the hospital's public ward charge, for semi-private or private accommodation. These charges are not subject to the Lifetime Maximum.

Vision Care

Lenses and frames for eyeglasses or contact lenses or laser eye surgery, up to a maximum benefit of \$500 during any 24 consecutive months.

Ambulance

Licensed ambulance service, including air ambulance, to and from the nearest hospital where adequate treatment is available. (Note: If an ambulance is required outside your province of residence, these charges will be paid for under the *Emergency Travel Assistance* plan).

Convalescent Care

Limited to \$20 per day for semi-private and private accommodation for up to 180 days of confinement in a convalescent care facility following a minimum of 5 days of hospital confinement, and begins within 14 days of release from the hospital.

Out-of-Province/Out-of-Canada Referrals

Hospital room and board and physician's charges are covered if you are referred by a physician for non-emergency treatment outside your province of residence or Canada, when treatment is unavailable in your province of residence or Canada and for which there is no medically sufficient alternate treatment available. Only charges which are in excess of any provincial government plan and eligible for reimbursement in whole or in part by any provincial medical plan are covered.

EXTENDED HEALTH CARE

Professional Services:

Charges for treatment (in excess of amounts payable by any Provincial Health Plan when permitted by law) by a practitioner who is registered and legally practising within the scope of his/her license, subject to the following maximums:

Practitioner	Calendar Year Maximum	Maximum per Visit
Chiropractor	\$200	Reasonable and customary charges.
Osteopath	\$200	Reasonable and customary charges.
Podiatrist/Chiropodist	\$200 combined	Reasonable and customary charges.
Naturopath	\$200	Reasonable and customary charges.
Speech Therapist	\$200	Reasonable and customary charges.
Clinical Psychologist or Clinical Counselor	\$800 combined	Reasonable and customary charges.
Physiotherapist	\$500	Reasonable and customary charges.
Massage Therapist	\$500	Reasonable and customary charges.
Acupuncturist	\$100	Reasonable and customary charges.

Note:

- X-rays: \$20 maximum per calendar year for x-rays by osteopaths
- X-rays: \$20 combined maximum per calendar year for x-rays by chiropractors, podiatrists and chiropodists

Private Duty Nursing

Services of a registered nurse or nursing assistant if you are a registered bed patient in a public general hospital in the province of British Columbia or services provided in your home, to a maximum of \$25,000 in any 3 consecutive calendar years.

Services provided will be based on the schedule of fees of the Registered Nurses' Association of British Columbia. Services must be rendered by a nurse who is currently registered with the Registered Nurses' Association of British Columbia.

Charges for the following services are not eligible:

- Service performed by a nursing practitioner who is related to or lives with the patient.
- Service performed while the patient is in a nursing home or similar institution.
- Service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

Accidental Dental

Charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing. Eligible charges are limited to the amount specified in the current General Practitioners' Fee Guide for British Columbia in effect at the time treatment is rendered.

EXTENDED HEALTH CARE

Medical Equipment

Rental or, at Manulife Financial's option, purchase of a hospital bed, wheelchair, respiratory equipment, oxygen and oxygen equipment, and other durable medical equipment usually found in hospitals, including but not limited to the following supplies.

- Purchase of a wheelchair or scooter, once per lifetime.
- Purchase of a hospital bed, once per lifetime.
- Purchase of oxygen equipment, once per lifetime.
- Purchase of a cardiac screener, once per lifetime.

Orthopedic Shoes and Foot Orthotics

Charges for custom-made orthotic inserts for shoes and custom-made orthopedic shoes or modifications to orthopedic shoes, when prescribed by a doctor, podiatrist or chiroprapist, limited to a maximum of \$500 per calendar year for an adult and \$300 for a dependent child.

Medical Aids and Prosthesis

- Artificial eyes and limbs, including myoelectrical limbs.
- Braces, trusses, collars, casts, crutches, splints and quad canes.
- Stump socks, up to 5 pairs per person per calendar year.
- Ileostomy and ostomy supplies.
- Mastectomy or surgical brassieres, one per lifetime per person.
- Wigs and hairpieces when required due to temporary hair loss as a result of a medical condition, up to \$500 per lifetime per person.
- Elastic support stockings, up to 2 pairs per person per calendar year.
- Breast prostheses, up to \$200 per person per calendar year.
- Radiotherapy or coagulotherapy.
- Oxygen, plasma and blood transfusions.
- Glucometers.

EXTENDED HEALTH CARE

Hearing Aids

Cost and installation of hearing aids, excluding batteries, recharging devices and maintenance, subject to a maximum of \$600 in any 5 calendar year period. Replacements will only be covered when the hearing aid cannot be satisfactorily repaired.

Exclusions

No Extended Health Care benefits are payable for any expense which is directly or indirectly related to:

- surgical procedures or treatment performed primarily for beautification
- self-inflicted injuries
- war, riot, insurrection or civil commotion
- an illness or injury for which benefits are payable under any provincial government plan or workers' compensation
- periodic medical check-ups, third party examinations, physician's travel, broken appointments, communication costs, filing out forms, or physician's supplies
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy
- dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, medical treatment or surgical procedure by a physician other than as specifically provided under this plan
- medical treatment which is not usual or customary, or is experimental or investigational in nature
- experimental drugs or supplies and those not approved by Health and Welfare - Canada

Extension of Benefits

If you are disabled on the date insurance terminates, coverage for Extended Health Care will be continued for a period of 90 days from such date or during the continuation of such disability, whichever is less. Extended coverage ceases upon termination of the policy or Extended Health Care Insurance, if either occurs while coverage is being extended.

When and How to Make a Claim

In order to receive benefits, we must receive a claim no later than the earlier of:

- 15 months from the date on which you incur the expenses; or
- 90 days after the end of your Extended Health Care coverage.

PRESCRIPTION DRUGS

(part of Extended Health Care)

Deductible	-	\$25 Single per calendar year; or \$25 Family per calendar year
Benefit Percentage	-	95% of the first \$1,000 of paid expenses; 100% thereafter in any calendar year
Lifetime Maximum	-	Subject to the Extended Health Care lifetime maximum of \$1,000,000
Termination Age	-	August 31st following attainment of age 65, or end of the month following retirement, whichever is earlier

Eligible Expenses

Reasonable and customary charges for medically necessary drugs and medicines which are dispensed by a licensed pharmacist or physician and are prescribed by a physician or other professional authorized by provincial legislation to prescribe drugs for the treatment of an illness or injury and are either

- a) drugs which by law require a prescription for purchase or
- b) drugs, medicines, injectable preparations and allergy serums, specified as covered expenses by Manulife Financial, including:
 - oral contraceptives
 - insulin preparations and supplies for diabetics
 - vitamin B12 for treatment of pernicious anemia
 - allergy serums
 - smoking cessation aids up to a lifetime maximum benefit of \$500 per person
 - injectable drugs with a DIN
 - colostomy supplies
 - varicose vein injections
 - compound serums requiring prescription.

No benefit will be payable for:

- weight loss drugs, other than Xenical;
- hair growth stimulants;
- fertility drugs; or
- drugs prescribed for the treatment of erectile dysfunction.

Supply Limits

Drug purchases are limited to a supply which is reasonably used within 90 days. You can purchase a 100 day supply of the following categories of maintenance drugs: antiasthmatics, antibiotics for acne, anticoagulants, anticonvulsants, antihypertensives, anitparkinsons, antituberculosis, cardiac agents, hypoglycaemics, glaucoma medications, oestrogens, oral contraceptives, potassium replacements and thyroid agents.

Purchase Options

Each time you have a drug claim, you have the option to:

- (A) Present your **Manulife (ManuScript)** Drug Card to the pharmacist for point of sale assessment and no requirement to submit receipts to the Insurer,

OR

- (B) Purchase your drugs and submit your receipts as a paper claim for reimbursement.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. World Access Canada Inc., a multi-service corporation which assists travelers, has contracted with Manulife Financial to provide you with timely, efficient assistance when you travel. Coverage is limited to a period of 365 days from the date an individual leaves his/her province of residence. If you are on a paid or unpaid leave of absence, you are eligible for coverage for a period of 365 days, provided you maintain your coverage under your provincial medical care plan. If you have dependent children who are attending school outside Canada, they are eligible for coverage for a period of 365 days, provided coverage is maintained under their provincial medical care plan.

Deductible	-	Nil
Benefit Percentage	-	100% of eligible expenses in addition to eligible services are covered.
Lifetime Maximum	-	Unlimited
Termination Age	-	August 31st following attainment of age 65, or end of the month following retirement, whichever is earlier

How to Claim

Dial the number on the back of your identification card and you will be connected with the World Access Operation Centre. Be sure to carry your identification card (supplied by your employer) with you when you travel. The card contains the information you are required to give to World Access in the event you need assistance.

Your Manulife Plan Number: 788020

Your World Access Plan Number: 4686

If your claim is for payment of \$200 or less, you will be asked to make the payment and keep the receipts.

If, after obtaining confirmation from World Access that you are covered and a medical emergency exists, you pay for the services or supplies that are eligible under this benefit, Manulife Financial will reimburse you up to the maximums stated in this booklet.

Your provincial health plan and Manulife Financial will reimburse you for the eligible expenses upon your return. You must provide proof of the expense to Manulife Financial within 30 days of returning to your province of residence.

You must repay Manulife Financial for any of the following amounts World Access paid on your behalf:

- Amounts paid or payable by your provincial medicare plan;
- Amounts in excess of the dollar maximums and other limits that apply to your coverage under this benefit;
- Amounts for services or supplies not covered by this plan;
- Amounts which are your responsibility, such as deductibles and the percentage of expenses payable by you.

EMERGENCY TRAVEL ASSISTANCE

Services

The following services are covered in the event of an emergency which occurs while you or your dependents are traveling for non-medical reasons outside your province of residence:

- Multilingual assistance by toll-free telephone, 24 hours a day, 365 days a year, for insured individuals and providers of medical services to obtain aid and assistance;
- Referral to a legally qualified physician, dentist, legal advisor or an appropriate medical care facility;
- Assistance in arranging a cash advance from credit cards or family and friends to post bail and pay legal fees;
- Assistance in replacement (but not cost) of necessary travel documents, tickets or luggage in the event of theft or loss;
- Multilingual telephone interpretation services in the event of an emergency;
- A centre for communication of messages between you and your family, friends or business associates. Messages are held for 15 days;
- Medical consultation and monitoring of medical care and services if you or your dependents are hospitalized, and arrangement for contact with the patient, the attending physician and the patient's personal physician and family if necessary.

EMERGENCY TRAVEL ASSISTANCE

Eligible Expenses

Medical Services - Charges incurred for medical and surgical fees, hospital accommodations and prescribed drugs;

Emergency Transportation - Emergency transportation to the nearest appropriate medical care facility and if medically necessary from the medical care facility to a hospital in Canada. Upon written recommendation of a physician, such charges shall include a medical attendant if necessary who is neither a resident in the employee's home nor a relative of the employee or the employee's spouse;

Return of Deceased - Charges incurred for the return of a deceased employee or dependent to the place of former residence in Canada, subject to a maximum benefit of \$5,000 per individual;

Return of Dependent Children - Charges incurred for the return of dependent children to their residence in Canada in the event you or your spouse is hospitalized and the children are left unattended. The children must be under 16 years of age, or any age if mentally or physically handicapped. Arrangements for an escort to accompany the children will be made if necessary;

Return Trip Delay - Transportation - Charges incurred for delay of the return trip of an insured individual due to the hospitalization of that individual or another insured individual with whom the individual is traveling, limited to the cost of one way economy class transportation;

Visit of Family Member - Charges incurred for transportation of an immediate family member to visit a hospitalized insured individual. Such individual must have been traveling alone and confined to a hospital for more than 7 days. The cost of transportation is limited to return economy fare for one family member. An immediate family member is defined as a spouse, parent, child, brother or sister or a person with whom the insured individual normally resides;

Return of Vehicle - Charges incurred in connection with the return of an insured's vehicle in the event the insured is unable to return it due to illness, injury or death, subject to a maximum benefit of \$500 per trip. The vehicle will be returned to the insured's residence or nearest appropriate rental agency. Such charges shall not include commercial transport vehicles;

Return Trip Delay - Accommodation - Charges incurred for commercial accommodation and meals for insured individuals while staying with a hospitalized insured family member when their return trip is delayed due to an illness or accident. Such charges are subject to a maximum benefit of \$150 per day per person for up to 7 days.

Convalescent Benefit - Charges incurred for accommodation for insured individuals requiring convalescence following hospitalization, subject to a maximum benefit of \$150 per day for not more than 5 days for each insured individual.

EMERGENCY TRAVEL ASSISTANCE

Exclusions

The foregoing list of services shall not include any of the following:

- charges for surgical procedures or treatment performed primarily for beautification;
- charges for services or supplies resulting from self-inflicted injuries;
- charges for bodily injury resulting from war (whether declared or undeclared), riot, insurrection or civil commotion;
- charges for an illness or injury for which benefits are payable under any provincial government plan;
- services or supplies for which no charge would normally be made in the absence of group benefit coverage
- services or supplies which are not permitted by law to be paid
- charges which are not medically necessary for the care and treatment of any existing or suspected injury, disease or pregnancy
- charges for dental work where a third party is responsible for payment
- services or supplies furnished without the recommendation or approval of a physician acting within the scope of his licence
- charges for transport or travel, other than as specifically provided under this plan;
- charges for medical treatment which is not usual or customary, or is experimental or investigational in nature;
- charges for experimental drugs or supplies and those not approved by Health and Welfare - Canada;
- charges which are not incurred as a result of an emergency while travelling;
- charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy.

Liability

The Insurer is not responsible for the availability, quantity, quality or results of any medical treatment received by an insured individual, or for the failure of an insured individual to receive Medical treatment for any reason.

Travel to Countries in Civil Distress

If you or your dependents plan on traveling to a country that may be under distress or in strife, you should be aware that there may be difficulty obtaining Emergency Travel Assistance while in that country.

The Department of Foreign Affairs and International Trade publishes and updates a list of countries that are currently affected. This list can be obtained from World Access Canada Inc. by calling one of the telephone numbers on the back of your Emergency Travel Assistance identification card.

If you have further concerns, please contact your Plan Administrator.

Coordination of Benefits

If you are covered under this group plan and certain other group plans, we will coordinate payments with the other plans in accordance with guidelines adopted by the Canadian Life and Health Insurance Association. The plan from which you make the first claim will be responsible for managing and assessing the claim. It has the right to recover from other plans the expenses that exceed its share. Please see the General Provisions section for more information about Coordination of Benefits.

DENTAL EXPENSE BENEFIT

In the event you incur any of the eligible expenses listed below, you will be paid a percentage of such expenses as outlined below:

Deductible	-	Nil
Benefit Percentage	-	100% for Plan A - Basic Services 75% for Plan B - Major Restorative Services 75% for Plan C – Orthodontics
		Orthodontics are covered only for dependent children under age 22 or age 25 if full-time student
Benefit Maximums	-	Unlimited for Basic and Major Restorative Services \$2,200 per lifetime for Orthodontics
Termination Age	-	August 31st following attainment of age 65, or end of the month following retirement, whichever is earlier

Dental Fee Guide

The British Columbia fee guide for General Practitioners and Specialists in effect on the date the charge is incurred. If referred to a specialist, the eligible expenses will be based on the lesser of:

- the General Practitioners' fee guide amount plus 10%, or
- the Specialists' fee guide amount, if a current Specialists' Fee Guide exists.

Alternate Benefits and Submission of Treatment Plan

Where there are two or more courses of treatment available to adequately correct a dental condition, Manulife Financial Life will determine reimbursement based on the least expensive treatment.

As a service to you, Manulife Financial will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete a treatment plan on forms available from your employer, including pretreatment x-rays if the proposed treatment involves crowns, dentures or bridgework.

Pre-Treatment Estimate

We suggest that you send us an estimate, before the work is done, for any major treatment or any procedure that will cost more than \$500. You should send us a completed dental claim that shows the treatment that the dentist is planning and the cost. Both you and the dentist will have to complete parts of the claim form. We will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.

Extension of Benefits

Procedures for endodontic treatment (root canal therapy), dentures or crowns and bridgework which commenced prior to the cancellation date of coverage, will be considered work in progress and will be reviewed for payment if the work is completed within 30 days of the date your coverage terminated.

DENTAL EXPENSE BENEFIT

Eligible Expenses

Plan A - Basic Services

Diagnosics: Procedures required to assist the dentist in evaluating existing conditions and determining any further dental care which may be required subject to the following limitations:

- Standard oral examinations: twice every 12 months for dependent children under age 22, and once every 9 months for all others.
- Complete oral examinations: once every 36 months.
- Specific oral examinations.
- X-rays, limited to the dollar equivalent of a complete mouth series each calendar year, including:
 - i. diagnostic x-rays, and
 - ii. complete mouth series, limited to once in a three year period,
 - iii. bitewing x-rays: two sets every 12 months for dependent children under age 22, and one set every 9 months for all others; and
 - iv. panoramic x-ray, limited to once in a three year period.
- Diagnostic models: one set per calendar year.
- Required consultations with another dentist.

Preventive Services: Procedures intended to eliminate or reduce the need for future dental treatment subject to the following limitations:

- Fluoride treatment: twice every 12 months for dependent children under age 22, and once every 9 months for all others.
- Polishing: two units of time every 12 months for dependent children under age 22, and one unit of time every 9 months for all others.
- Scaling including root planing: 16 units of time in any calendar year.
- Fixed space maintainers.

(One unit of time = 15 minutes)

Restorative Services: Necessary services to restore tooth surfaces broken down as a result of decay.

- Fillings (amalgam, silicates, resins and composites, including gold foil restorations and white fillings on molar teeth).
- Stainless steel crowns.
- Inlays and onlays, when the teeth being treated are extensively decayed or fractured and cannot be restored with a filling. If a filling can be used to produce a satisfactory result, only the cost of a filling will be allowed as an eligible expense.

Where other material would suffice, you will be responsible for the difference between the cost of gold and the cost of alternative material.

Surgical Services:

- Extractions.
- Other routine oral surgical procedures (surgical removal of impacted teeth, residual roots and associated post-operative care).

Endodontics:

- Treatment of diseases of the pulp chamber and pulp canal (root canal).

DENTAL EXPENSE BENEFIT

Eligible Expenses (Continued)

Plan A – Basic Services (Continued)

Periodontics: Treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth, but not bone or tissue grafts.

- Acute infections, occlusal adjustment.
- Gingival curettage, gingivoplasty, gingivectomy or osseous surgery.
- Special periodontal appliances.

Prosthetic Repairs:

- Repair, rebasing and relining of dentures.
- Removal and recementation of fixed appliances.

Plan B - Major Restorative Services

Those services required for major reconstruction of teeth that have deteriorated and for replacement of teeth that are missing.

Prosthetic Appliances, Crown and Bridge Procedures: Benefit will be payable for the following eligible expenses:

- Crowns and repairs to crowns other than prefabricated metal restorations covered under **Basic Services** (porcelain crowns are covered on molar teeth);
- Prosthodontic Services: Construction and insertion of bridges or standard dentures. Charges for a replacement bridge or replacement standard denture are not considered an eligible expense during the 5 year period following the construction or insertion of a previous bridge or standard denture unless:
 - i. It is needed to replace a bridge or standard denture which has caused temporomandibular joint disturbances and which cannot be economically modified to correct the condition;
 - ii. It is needed to replace a transitional denture which was inserted shortly following the extraction of teeth and which cannot be economically modified to the final shape required

Plan C - Orthodontics (only for dependent children under age 22 or age 25 if full-time student)

The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". These include active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth.

DENTAL EXPENSE BENEFIT

Exclusions

No benefit is payable for the following:

- Miscellaneous charges such as for counselling, travel, broken appointments, completion of forms, written reports or communication costs.
- Services or supplies that are primarily for cosmetic dentistry.
- Services or supplies resulting from self-inflicted injuries.
- Services or supplies resulting from war (whether declared or undeclared), riot, insurrection or civil commotion.
- Services or supplies resulting from committing or attempting to commit an assault or criminal offence.
- Hospital charges for room and board and related services and supplies.
- Services which are payable by any provincial government plan.
- Services or supplies for which no charge would normally be made in the absence of group benefit coverage.
- Any dental examination required by a third party.
- Services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury or disease.
- Services and supplies for implantology, including tooth implantation or transplantation and surgical insertion of fabricated implants.
- Services or supplies in connection with any procedures not listed as an eligible expense.

LONG TERM DISABILITY

In the event you become totally disabled for the required period of time known as the Qualifying Period and you are under the continual treatment of a legally qualified physician deemed appropriate by Manulife Financial, you will receive a monthly income benefit.

Benefit Amount	-	70% of your monthly earnings, subject to a maximum benefit of \$12,000 per month.
No Evidence Limit	-	Evidence of your insurability satisfactory to Manulife Financial will be required for amounts in excess of \$10,000 per month.
Minimum Benefit	-	The minimum monthly benefit is the greater of \$100 or 10% of the monthly benefit after all deductions for other income.
Cost of Living Adjustment	-	The monthly benefit payable, after Reductions of Coverage have been applied, shall be increased annually on each anniversary beginning at the 3rd anniversary of benefit payments. The amount of this increase shall be an annual rate of 3%.
Qualifying Period	-	Benefits begin after 94 days of continuous disability or expiry of short term disability payments, whichever is shorter
Maximum Benefit Period	-	Benefits will continue: <ul style="list-style-type: none">• to the end of the month following your attainment of age 65;• to the end of the month in which you retire with a pension or become eligible to retire with a full pension or equivalent; or• to the end of the month in which you die; whichever is earliest
Termination Age	-	Age 65 less the Qualifying Period, or retirement, whichever is earlier

Tax Status

Because you pay the entire cost of this benefit, any disability benefits you receive from Manulife Financial will not be taxable income.

Qualifying Period

The qualifying period starts when you first become totally disabled and ends after 94 days or expiry of short term disability payments, whichever is shorter, provided your disability is continuous and you are under age 65. If the disability is not continuous, the days you are disabled will be accumulated to satisfy the qualifying disability period provided:

- the initial period of disability lasts at least 30 days without interruption;
- no interruption is longer than 30 days;
- the disabilities arise from the same or related disease or injury; and

provided you do accumulate 94 days of disability within the 12 month period beginning on the day you first become disabled.

Definition of Total Disability

You are considered totally disabled due to sickness or injury, if you are unable to perform the material duties of your regular occupation during the Qualifying Period and the next 3 years. After this period, total disability means you are unable to work at any occupation or employment, for wage or profit, for which you are or may become reasonably qualified by training, education or experience.

LONG TERM DISABILITY

Total Disability Benefit

If you become totally disabled, the monthly benefit payable is the Benefit Amount shown above reduced by any of the following sources of income:

- i) any disability benefits you are entitled to receive from the Canada Pension Plan, excluding dependents' benefits;
- ii) any payments on account of your disability from any workers' compensation law or similar law;
- iii) any income under a pension or retirement plan;
- iv) any income or benefit payable under any other plan or program of any government, including any provincial Automobile Insurance Act.
- v) any income or benefit payable under any other group plan, including coverage resulting from membership in an association of any kind.

If necessary, your benefit will be further reduced so that your total disability income (Long Term Disability benefit plus any income listed above, dependents' benefits from the Canada Pension Plan and severance and termination pay) does not exceed 85% of your pre-disability net earnings. "Net earnings" means your gross pre-disability earnings from the University of the Fraser Valley less income tax.

Once benefits have become payable, a cost of living increase in your Canada Pension Plan benefits will not affect the amount you are receiving under this benefit.

Cost of Living Adjustment

The monthly benefit payable, after all reductions have been applied, shall be increased annually beginning with the date three years following the date of your first benefit payment. The amount of the increase shall be 3%.

Definition of Partial Disability

If you become partially disabled after qualifying for Long Term Disability, you may be eligible to receive a partial disability benefit. You are considered to be partially disabled if you are able to work in a reduced capacity in your regular occupation or in another occupation such that your pre-disability earnings are reduced by 25% or more.

Partial Disability Benefit

If you become partially disabled, the monthly benefit payable is the Benefit Amount shown above directly reduced as described under Total Disability Benefit.

If necessary, your benefit will be further reduced so that your total disability income (Long Term Disability benefit plus any other income, severance and termination pay) does not exceed 100% of your indexed pre-disability net earnings. "Net earnings" means your gross pre-disability earnings from the University of the Fraser Valley less income tax.

"Indexed net pre-disability earnings": To account for inflation, your net pre-disability earnings will be adjusted on the first anniversary of the beginning of benefit payments and each following benefit anniversary date.

To qualify for partial disability benefits, you must first qualify for total disability benefits. Then, the partial disability benefit can become payable for a maximum of 3 years from the date you first qualify for Long Term Disability benefit payments. After this 3 year period, you must satisfy the definition of Total Disability in order to continue to receive benefits; that is, you must be disabled to the extent that you are unable to work at any occupation or employment, for wage or profit, for which you are or may become qualified by training, education or experience.

LONG TERM DISABILITY

Recurrent Disability

If a disability recurs and it is due to the same or related causes, it will be considered as one continuous disability and will not be subject to the Qualifying Period unless you have returned to active, full-time employment for a period of 6 consecutive months or longer.

If your new disability is due to causes unrelated to your prior disability you may be eligible for a new disability period, subject to the Qualifying Disability Period, if you have returned to active work for at least one full day.

Rehabilitative Employment

If you are receiving disability benefits and enter into a rehabilitation program approved by Manulife Financial, you will still be considered totally disabled during your participation in the program and your benefits will continue.

If you receive income from the rehabilitation program, your benefit payments from Manulife Financial will be reduced by 50% of your rehab earnings unless the total income you receive from all sources exceeds 100% of your indexed pre-disability net earnings.

Waiver of Premium

The premium for your Long Term Disability benefit will be waived during any period you are eligible to receive Long Term Disability benefit payments.

Disability Case Management Program

Manulife Financial has developed a disability case management program. The purpose of this program is to assist you, in the event you become totally disabled and qualify for benefits, to return to productive employment. Our disability case management team includes medical consultants, claim adjudicators and a field coordinator. This team will work with you, your employer and your physician to assist you to recover and return to the workplace.

Subrogation

If you recover damages from or reach a settlement with a third party who has caused or contributed to a disability for which you have received benefits under the Long Term Disability Benefit, Manulife Financial has the right to be reimbursed to the extent of the payments under this Benefit. The maximum amount of reimbursement due to Manulife Financial will be the lesser of:

- 75% of the net amount recovered or
- the total amount of benefit payments paid or payable by Manulife Financial.

LONG TERM DISABILITY

Exclusions and Limitations

No benefits are payable to you for any total disability commencing within twelve months of your effective date of insurance if the disability is caused or contributed to by a sickness or accidental injury for which you received medical treatment services or took a prescribed drug at any time within ninety days before your effective date of insurance.

However, the limitation above will not apply to you if:

1. you have been covered for Long Term Disability with the employer for at least 13 weeks during which you have been working continuously (up to 3 days' absence does not count) and you have not been treated by a doctor, or any medical personnel under the direction of a doctor; or
2. you became totally disabled more than 12 months after your coverage began.

Benefits are not payable for the following:

- for any portion of a period of disability unless you are receiving ongoing supervision/treatment by a physician deemed appropriate by the Insurer for the impairment which is causing the disability. You will not be paid for any portion of a period of disability during which you do not participate in the treatment program recommended by said physician;
- for any portion of a period of disability during which you are receiving treatment by a therapist unless such treatment is recommended by a physician deemed appropriate by the Insurer;
- for any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
- disabilities resulting from self-inflicted injuries or attempted suicide;
- disabilities as a result of active duty in the armed forces, participation in a war, riot, insurrection or criminal act;
- for the portion of a period of disability during which you are
 - a) imprisoned in a penal institution; or
 - b) confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave), subject to human rights legislation;
- for a disability which commences on or after the date a strike or layoff begins, except as outlined in the Master Policy, subject to applicable labour standards legislation;
- if you refuse to participate in a rehabilitation program which is deemed appropriate by Manulife Financial, the attending physician or on the advice of independent medical opinion.

When and How to Make A Claim

For a disability claim, we must receive proof of loss within 6 months after termination of the first month following the qualifying disability period.

LONG TERM DISABILITY

Canadian Residency Requirement

No benefits are payable if you reside outside Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period, unless:

- i) you have previously notified and received approval in writing from the Insurer, and;
- ii) you remain under the regular care of a licensed physician deemed appropriate by the Insurer, and;
- iii) proof of the ongoing disability can be determined on evidence satisfactory to the Insurer in English or French within 30 days of request.

Survivor Benefit

If you should die while receiving a monthly benefit and your disability has continued for 180 or more consecutive days, Manulife Financial will pay a benefit of three times your monthly benefit amount to the eligible survivor.

Eligible survivor means your spouse, if living, otherwise your children who are under age 25. If there are no eligible survivors, payment will be made to your estate.