### BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Policy Q1212

Desjardins Financial Security Life Assurance Company

### When are you covered?

The Basic Accidental Death and Dismemberment plans covers you 24 hours a day, anywhere in the world, for specified accidental losses. If you suffer any of the eligible losses listed in the policy as the result of an injury caused by an Accident, and the loss occurs within 365 days of the date of the Accident, the benefits indicated in the policy will be paid.

The injury caused by the Accident must be the basis of the claim but in no event shall injury mean Sickness or Disease howsoever caused, unless caused by an Accident.

"Accident" means a single sudden and unexpected event, which:

- a) occurs at an identifiable time and place;
- b) causes unexpected bodily injury at the time it occurs; and
- c) arises from an external source to the Insured Person.

#### Aircraft coverage

Insurance includes injury sustained by you while and in the consequence of:

- a) riding as a passenger, in or on any aircraft operated on a regular, special, or chartered flight by a domestic or international scheduled air carrier, licensed by the Department of Transport of Canada or the governmental authority having jurisdiction over such air carrier in the country of its registry; or
- b) riding as a passenger, in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any recognized country; or
- c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of:

- a) riding as a pilot, operator, or member of the crew in or on any aircraft; or
- b) riding as a passenger, in or on any aircraft owned, operated, or leased by or on behalf of the Policy holder.

#### Who is covered?

All active full-time and part-time students, under the age of 70, whose names are on file with the Health Plan Administrator provided the student is actively carrying out their curriculum.

If a student is not actively carrying out their curriculum on the date they become eligible, coverage will be delayed until they begin their studies. Coverage also terminates when a student ceases to carry out their curriculum (on account of leave of absence, disability, or abandoned course of study) or is expelled.

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### SCHEDULE OF BENEFITS

Benefit amounts for each eligible student are shown below. The amount specified shall apply to each student per accident, subject to all terms of the policy.

#### Accidental Death & Dismemberment Benefit – Benefit Amount: \$10,000

Brain Death Indemnity: \$10,000

**Cosmetic Disfigurement Benefit:** \$10,000

| Additional Benefits                            | Maximum Amount       |
|--|----------------------|
| Repatriation Benefit                           | \$15,000             |
| Rehabilitation Benefit                         | \$15,000             |
| Family Transportation Benefit                  | \$15,000             |
| Occupational Training Benefit (Spouse)         | \$15,000             |
| Home Alteration & Vehicle Modification Benefit | \$10,000             |
| Education Benefit                              | \$5,000              |
| Day Care Benefit                               | \$5,000              |
| Seat Belt Benefit                              | 10% of Principal Sum |
| Hospital Indemnity (Per Month)                 | \$2,500              |
| Accidental Dental Expense                      | \$1,000              |
| Accidental Reimbursement Expense               | \$10,000             |
| Identification                                 | \$15,000             |
| Bereavement                                    | \$5,000              |
| Funeral Expense                                | \$2,500              |

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Policy Q1212

Desjardins Financial Security Life Assurance Company

## SCHEDULE OF LOSSES

### Accidental Death and Dismemberment

If you suffer an injury that results in one of the following losses, within one year from the date of the accident, Desjardins Financial Security Life Assurance Company will pay a percentage, as show below, of the Accidental Death and Dismemberment Benefit Amount indicated in the **Schedule of Benefits**; however, not more than one (the largest) shall be paid with respect to all injuries resulting from one accident.

| For Loss of:                             | % of Benefit Amount |
|--|---------------------|
| Life                                     | 100%                |
| Entire Sight of Both Eyes                | 300%                |
| Speech and Hearing in Both Ears          | 300%                |
| One Hand and the Entire Sight of One Eye | 300%                |
| One Foot and the Entire Sight of One Eye | 300%                |
| Entire Sight of One Eye                  | 210%                |
| Speech                                   | 150%                |
| Hearing in Both Ears                     | 300%                |
| Hearing in One Ear                       | 150%                |
| All Toes on Same Foot                    | 25%                 |
| One Finger                               | 10%                 |
| Four Fingers on Same Hand                | 33.33%              |

## BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Policy Q1212

Desjardins Financial Security Life Assurance Company

| For Loss or Loss of Use of:         | % of Benefit Amount |  |
|-------------------------------------|---------------------|--|
| Both Hands                          | 300%                |  |
| Both Feet                           | 300%                |  |
| Both Arms                           | 300%                |  |
| Both Legs                           | 300%                |  |
| One Hand and One Foot               | 300%                |  |
| One Arm                             | 225%                |  |
| One Leg                             | 225%                |  |
| One Hand                            | 210%                |  |
| One Foot                            | 210%                |  |
| Thumb and Index Finger on Same Hand | 50%                 |  |

| For Paralysis of:   | % of Benefit Amount |
|---|---------------------|
| Both Upper and Lower Limbs (Quadriplegia)                 | 300%                |
| Both Lower Limbs (Paraplegia)                             | 300%                |
| Upper and Lower Limbs of One Side of Body<br>(Hemiplegia) | 300%                |

## When will benefits not be paid?

This policy does not cover any Loss, fatal or non-fatal, caused or contributed to by:

- a) suicide or intentionally self-inflicted injury while sane or insane;
- b) war or civil war, whether declared or undeclared
- c) active full-time, part-time, or temporary service in the armed forces of any country;
- d) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in Aircraft Coverage;
- e) medical treatment or Surgery, except if the medical treatment or Surgery was needed because of an Accident.

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Policy Q1212

Desjardins Financial Security Life Assurance Company

### **Beneficiary Designation**

The policy contains a provision removing or restricting the right of the group person insured (the student) to designate persons to whom benefit insurance money is to be payable.

- a) On your Effective Date under this plan, your beneficiary is the executors or administrators of your estate or your heirs, unless you forward a written declaration to the Administrator designating a beneficiary. Any designation or change in beneficiary shall be effective on the date your written declaration is received at the office of the Administrator.
- b) You will be considered the beneficiary for all other indemnities payable.
- c) If, at your death, there is no designated beneficiary, benefit payments shall be made to the executors or administrators of your estate, or your heirs.
- d) If more than one (1) beneficiary is designated with no indication of their respective interests, they shall share equally in the benefit payments.
- e) The rights of a beneficiary who predeceases you shall revert to yourself.

## **Reserving Rights**

As a condition precedent to recovery of insurance money under this contract, the Insurer reserves the right to:

- a) examine the full details regarding the claim;
- b) require that the Insured Person undergo a medical examination (at the Insurer's expense);
- c) examine the Insured Person when and so often as is reasonably required while the claim is pending;
- d) require an autopsy to be performed on the Insured Person in the event of death, unless prohibited by law or religious belief;
- e) disallow the claim based on information developed from the attending Physician's report, medical examination, payroll records, or other sources of pertinent data.

## Fraudulent Claims

Any claim for benefits under the policy which is based on false or incorrect information on an application, claim form, or other documents required to verify benefits will result in the benefits being denied or the liability assumed by the Beneficiary if the benefit has already been provided or performed.

#### BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Policy Q1212 Desjardins Financial Security Life Assurance Company

### Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (Alberta and B.C.).

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

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Limitations Act, 2002* (Ontario).

Otherwise, in Quebec, every action must be brought within three (3) years after the date evidence is furnished and in all other provinces, within one (1) year from the date of loss or such longer period as may be required under the law applicable in such province.

### Subrogation

The insurer is subrogated in all the rights of Insured Persons against the third party liable for the damage that has given rise to an entitlement to payment of benefits under this policy, up to the limitation of amounts paid by the Insurer.

The Insurer may, in the exercise of its right of subrogation and if it deems that a third party is liable, require that the Insured Person sign, if applicable, an act of subrogation in its favour at the time of paying any benefits.

## Insured Right of Access

As required by your provincial legislation, or if you reside in Alberta or B.C., the Insured Person and any claimant may request a copy of the Insured Person's application, any written evidence of insurability, and the Group Policy (other than confidential commercial information or other information exempted from disclosure by applicable law).

For further information, please contact your Plan Administrator.

#### How to Claim

In the event of a claim, contact your Health Plan Administrator.

Notice of claim must be given to the Insurer within 30 days from the date of the accident, and subsequent proof of claim must be submitted to the Insurer within 90 days from the date of the accident.

### BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Policy Q1212

Desjardins Financial Security Life Assurance Company

Failure to give notice of claim or furnish proof of claim within the time prescribed in the policy condition will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed. In no event, will the Insurer accept notice of claim beyond one (1) year.

This summary of coverage has been prepared in connection with a group plan underwritten by Desjardins Financial Security Life Assurance Company. For ease of reference, it contains only a brief description and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this summary of information. For the exact provisions applicable, please consult your Health Plan Administrator.