

Group Benefit Plan



AVNET INTERNATIONAL (CANADA) LTD.

All Quebec employees

December 1, 2011

Great-West Life is a leading Canadian life and health insurer. Great-West Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Great-West Life Online

Information and details on Great-West Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website **<http://www.greatwestlife.com>**.

Great-West Life Online Services for Plan Members

As a Great-West Life plan member, you can also register for GroupNet™ for Plan Members at **www.greatwestlife.com**. This service enables you to access the following and much more, within a user friendly environment twenty-four hours a day, seven days a week:

- your benefit details and claims history,
- personalized claim forms and cards,
- online claim submission for certain medical and all dental claims, and
- extensive Health and Wellness content.

Great-West Life's Toll-Free Number

To contact a customer service representative at Great-West Life for assistance with your medical and dental coverage, please call **1-800-957-9777**.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is underwritten by



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1 Introduction

Avnet International (Canada) Ltd. is pleased to provide you with a comprehensive employee benefits plan from Great-West Life.

You bring skills and expertise to *Avnet International (Canada) Ltd.* which enable you to make a contribution that is highly valued. In recognition of this, your employee benefits plan has been designed to help meet the needs of you and your family and to provide you with important financial security.

This booklet describes in summary your employee benefits plan as of the date shown on the front cover. Please read it thoroughly and discuss any questions you have with your manager or plan administrator.

Please note:

While every effort has been made to ensure the accuracy of this booklet, your rights and benefits are governed by the terms of the **group insurance policy, plan document or plan text** providing the group benefits. Those governing documents will prevail if they differ from this booklet. Any amendment to the governing documents is effective without notice to you, except as required by law.

The relevant provisions of the governing documents are available for review through your employer's plan administrator. Requests for information about coverage and questions about employee benefits should be directed through your employer's plan administrator.

In this booklet, "you" means a person entitled to benefits in accordance with the terms of the governing documents.

Unless otherwise indicated, the benefits described in this booklet are administered by The Great-West Life Assurance Company. However, only those benefits described as "insurance" are underwritten by The Great-West Life Assurance Company.

Group Policy Number: 321313

Optional Life Billing Number: 154483

2 Benefit Summary

This part provides a convenient overview of your benefits plan for both employees and dependents.

You are eligible for group benefits once you complete the eligibility period of:

1 month

2.1 For Employees

Life insurance

Basic

100 per cent of annual insurable earnings with a maximum benefit of \$500,000.

Amounts of life insurance are rounded to the next higher thousand dollars.

Optional

An employee who is insured for basic life insurance may apply for optional life insurance available in \$10,000 units to a maximum benefit of \$500,000, subject to approval of evidence of insurability.

Any optional life insurance will terminate on the date the employee attains age 65.

Accidental death and dismemberment insurance

100 per cent of annual insurable earnings with a maximum benefit of \$500,000.

Amounts of accidental death and dismemberment insurance are rounded to the next higher thousand dollars.

Dependent life insurance

Basic

Spouse: \$10,000

Each child: \$5,000

Optional

Spouse A spouse of an employee who is insured for basic life insurance may apply for optional dependent life insurance available in \$10,000 units to a maximum benefit of \$500,000, subject to approval of evidence of insurability.

The insurance on a spouse will terminate on the date the spouse attains age 65

Short term disability insurance

66.7 per cent of weekly insurable earnings with a maximum weekly benefit equal to the maximum weekly benefit in effect under the Employment Insurance Act at the commencement of disability.

Benefit payments begin:

- following a 14 day waiting period for a disability resulting from bodily injury caused directly and independently of all other causes through accidental means;
- following a 14 day waiting period for a disability resulting from disease.

Benefits are payable weekly for not more than 15 weeks of any one disability due to one or more causes.

Amounts of short term disability insurance are rounded to the next higher dollar.

Long term disability insurance

66.7 per cent of the first \$2,250 of monthly insurable earnings; plus

50 per cent of the next \$3,500 of monthly insurable earnings; plus

44 per cent of the balance of monthly insurable earnings;

with a maximum monthly benefit of \$14,000.

Payment commences following a waiting period of 17 weeks of total disability during any period of 17 weeks plus one week.

Replacement percentage is 60 per cent.

Amounts of long term disability insurance are rounded to the next higher dollar.

2.2 For Employees and Dependents

Quebec basic drug insurance

Deductible: for the total covered expenses incurred by all covered persons in a family, an amount per calendar year equal to the maximum out-of-pocket level established by law.

Portion payable: 100 per cent

An employee not insured for pay-direct drug insurance will be insured for Québec basic drug insurance.

Pay-direct drug insurance

Deductible: that part of the dispensing fee greater than \$7 for each prescription

Portion payable: 90 per cent

Health insurance

Deductible: nil

Portion of covered expenses payable:

100 per cent

Maximum amount payable:

unlimited

Dental insurance (C plan)

Deductible: nil

Basic services payable:

80 per cent

Restorative services payable:

50 per cent

Orthodontic services payable:

50 per cent

Calendar year maximum for basic and restorative expenses combined:

\$1,500

Lifetime maximum for orthodontic expenses:

\$2,000

Dental insurance (C plan) - continued

Fee schedules:

- The current dental fee schedule, on the date of treatment, approved and published by the provincial dental association of the province of residence of the covered person for general practitioners. This fee schedule applies to charges made by all dentists and is not limited to those charges made by general practitioners.
- The current denturist fee schedule, on the date of treatment, approved and published by the provincial denturist association of the province of residence of the covered person.
- The current dental hygienist fee schedule (for dental hygienists practising independently), on the date of treatment, approved and published by the provincial dental hygienist association of the province of residence of the covered person.

Diagnostic and treatment support services (Best Doctors® service)

See description in booklet

3 General information

This part provides general information on:

- ☐ *eligibility;*
- ☐ *plan enrollment;*
- ☐ *evidence of insurability;*
- ☐ *amount of insurance;*
- ☐ *changes in amount of insurance;*
- ☐ *termination of insurance; and*
- ☐ *definition of policyholder.*

3.1 Who is eligible for employee benefits?

You will be eligible for employee benefits on the first day that you are actively at work full-time and for full pay with your employer following completion of the eligibility period shown in the *Benefit Summary* provided

- ☐ you have been at work continuously, actively, in full-time employment and for full pay with your employer for the eligibility period, and
- ☐ are a resident in Canada.

Full-time means performing in the required manner for the required number of hours per week all of the regular duties of the employment either at the usual place of employment or at some other location required by your employer's business.

You will not be considered to be full-time if you:

- ☐ are classified by your employer as **part-time**; or
- ☐ work for fewer than 20 hours per week.

You will be considered to be resident in Canada while on temporary assignment with your employer outside Canada for not more than 12 months.

If insurance under the Great-West Life group insurance policy replaces similar insurance **within 31 days** of the termination of that prior insurance, employees not actively at work who were covered by the prior insurance are eligible to become insured for similar insurance under the Great-West Life group insurance policy. This applies if the previous insurance was within the scope of the Great-West Life group insurance policy.

Under these circumstances, the amount of insurance for which the employee is eligible is limited to the amount lost on termination of the prior insurance. Application for Great-West Life group insurance must be made **within 31 days** of the termination of the prior insurance.

3.2 Enrollment: how do I apply?

Complete and sign your Great-West Life group insurance application card and return it to your plan administrator. If you acquire any dependents after becoming insured, you should apply for dependents' benefits **within 31 days** for each dependent acquired.

3.3 Is evidence of insurability required?

You may be required to give evidence of insurability before becoming insured or when applying for increased amounts of insurance. Evidence of insurability may also be required for any of your dependents. When you apply for Optional Life Insurance, you must provide proof of your insurability, and your application must be approved by Great-West Life.

3.4 What am I insured for?

The insurance for which you are insured is described in the *Benefit Summary*.

3.5 How are changes in the amount of my insurance handled?

When a change in any circumstance would make you eligible for a different amount of insurance, the amount of insurance will be adjusted as follows:

If the change would result in an **increase**, the increase will be effective on the later of:

- ☐ the date of the change in circumstance;
- ☐ the date of your return to active full-time employment for full pay if you were not actively at work full-time and for full pay on the date of the change in circumstance; and
- ☐ the date any required evidence of insurability is approved by Great-West Life.

If the change results in a **decrease** in the amount of insurance, the decrease will be effective on the date of the change in the circumstance.

You may apply for an increase or decrease in optional life insurance at any time. An increase in optional life insurance requires evidence of insurability.

3.6 What is meant by insurable earnings?

Insurable earnings is the amount of earnings you receive from your employer.

Annual insurable earnings are as defined in the Great-West Life group insurance policy and is the amount of earnings you receive from your employer in a single year.

Monthly insurable earnings is the amount of earnings you receive from your employer in a single month and is defined as 1/12 of annual insurable earnings.

Weekly insurable earnings is the amount of earnings you receive from your employer in a single week and is defined as 1/52 of annual insurable earnings.

What happens if my earnings are understated or overstated?

- ☐ If your earnings are **understated** by your employer, the understated earnings will be used to determine annual insurable earnings;
- ☐ If your earnings are **overstated** by your employer, the correct amount of earnings will be used to determine annual insurable earnings.

3.7 Under what circumstances can my insurance be terminated?

The policyholder may terminate your insurance.

Your insurance will terminate on the date you would cease to be eligible to become insured except as required by law. Your group insurance coverage may be continued after retirement (refer to the *Benefit Summary* to determine if this applies to your plan and contact your plan administrator for further details).

The policyholder may elect to continue the insurance:

- ☐ during a period when you are absent from work because of injury or disease;
- or
- ☐ for up to 31 days during a period when you are absent from work because of leave of absence or layoff.

3.8 Who is the policyholder?

The **policyholder** is the party under contract with Great-West Life to provide your employee benefit program.

Policyholder does **not** refer to you, the employee.

4 Life insurance

This part describes the life insurance benefit and provides details regarding:

- ☐ *what happens upon becoming totally disabled;*
- ☐ *conversion options;*
- ☐ *self-destruction limitation; and*
- ☐ *claims requirements.*

4.1 What am I insured for?

In the event of your death, Great-West Life will pay the amount of life insurance for which you are insured as described in the *Benefit Summary*.

4.2 What happens if I become totally disabled?

If you are insured as an employee of this group for long term disability insurance with Great-West Life and, prior to your 65th birthday:

- ☐ you become, as a result of injury or disease, totally disabled as defined in the long term disability insurance benefit; and
- ☐ the disability has existed for a continuous waiting period of six months or a shorter waiting period under the long term disability benefit;

or

If you are **not** insured as an employee of this group for long term disability insurance with Great-West Life and, prior to your 65th birthday:

- ☐ you become, as a result of injury or disease, totally disabled and are unable to do any work; and
- ☐ the disability has existed for a continuous waiting period of six months;

your life insurance will continue **without payment of premium** from the date your disability started and during the continuance of your disability, but not beyond age 65.

Limitation

In order to have your life insurance premium waived for any period of total disability, you must be participating and co-operating in a reasonable and customary treatment program for each disabling condition during that period.

The treatment program must be:

- ☐ recommended by the licensed physician who is treating you; and
- ☐ be of the nature and frequency usually required for each disabling condition.

If you cease to be totally disabled, your life insurance will terminate unless you are then eligible to become insured under this life insurance provision, and premium payments for this coverage are resumed.

If your life insurance terminates as described above, and if you are not then eligible to become insured under this life insurance provision, you will be entitled to apply for a new policy. Application must occur during a period of 31 days following termination of this insurance, and in accordance with the conversion option outlined in *Section 3 - Under what circumstances can I convert my group life insurance?*.

If death occurs during the period of 31 days, insurance will be paid as stated in *Section 3 - Under what circumstances can I convert my group life insurance?*.

4.3 Under what circumstances can I convert my group life insurance?

If your life insurance

- ☐ reduces; or
- ☐ terminates:
 - (i) as provided under *Part 3 - General information, Section 7 - Under what circumstances can my insurance be terminated?*
 - (ii) as provided under *Part 4 - Life insurance, Section 2 - What happens if I become totally disabled?*; or
 - (iii) because of termination of this life insurance provision;

and you are not eligible to become insured hereunder, then you will have the right, upon written application made **within 31 days** after such reduction or termination, to obtain a new policy of life insurance without evidence of insurability, as provided below:

- ☐ if your insurance reduces, the amount of the new policy will not exceed the amount of the reduction.
- ☐ if your insurance terminates as provided in (i) or (ii) above, the amount of the new policy will not exceed the amount for which you were insured immediately prior to termination.
- ☐ if your insurance terminates as provided in (iii) above, the new policy will not exceed the amount required by law.

Great-West Life will issue the new policy, **without total disability benefit or accidental death benefit**, on any of its plans then available according to the class of risk to which you then belong.

The premium for the new policy will be at the rates then established by Great-West Life for your class of risk, sex and current age. The new policy will not become effective until the expiration of the 31 day period.

If death occurs during the 31 day period, Great-West Life will pay an amount equal to the insurance you could have converted under this provision. Payment will be made to the person who would have received the proceeds hereunder. This payment is in full settlement of all life insurance claims under this provision.

4.4 Self-destruction limitation

If you die within two years after applying for optional life insurance, Great-West Life has the right to verify any medical information you provided. If any inconsistencies are discovered, the claim will be denied and any premiums paid will be refunded. If death occurs as a result of suicide, only the amount of optional life insurance that was in effect for two years or more will be paid. Premiums paid for a new or additional amount that was in force for less than two years will be refunded.

4.5 How do I have my life insurance premiums waived while I am totally disabled?

For life insurance premiums to be waived, **written proof** satisfactory to Great-West Life signed by the licensed physician who is treating you must be received by Great-West Life:

- ☐ while you are totally disabled; and
- ☐ within 12 months after the end of the applicable waiting period.

Otherwise, the claim for benefits will be invalid.

Great-West Life at any time may request written proof of the continuance of your total disability and may request you to submit to, and co-operate in, examination by Great-West Life's medical and other advisors.

If you do not provide proof satisfactory to Great-West Life within **three months** following the request or if you refuse to submit to, and co-operate in, examination by Great-West Life's medical and other advisors you will be considered to have ceased to be totally disabled immediately prior to the date the request was made.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

4.6 How to make a life insurance claim

For benefits to become payable, **written proof** satisfactory to Great-West Life of the death must be received by Great-West Life within one year after the date of death. Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

- ☐ Obtain a claim form from the employer;
- ☐ Complete the claim form according to the instructions provided on the form; and
- ☐ Return the claim form to the employer.

5 Accidental death and dismemberment insurance (AD&D)

This part describes the accidental death and dismemberment insurance benefit and provides details on:

- ☐ definitions;
- ☐ limitations;
- ☐ waiver of premium on disability; and
- ☐ claims requirements.

5.1 What am I insured for?

If you suffer any of the losses outlined in *Section 2 - Schedule of Losses*, Great-West Life will pay the applicable proportion of the amount of accidental death and dismemberment insurance for which you are insured.

Losses must result from bodily injury sustained while you are insured and caused directly and independently of all other causes by external, violent and accidental means.

Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your insured dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the amount of accidental death and dismemberment insurance, or \$5,000, whichever is less, for each year of full-time post-secondary school enrolment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under other parts of your group insurance plan, up to \$2,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

Occupational Training Benefit for Spouses

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your insured dependent spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the amount of accidental death and dismemberment insurance, or \$10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

Educational Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to \$10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

Wheelchair Benefit

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under other parts of your group insurance plan, up to \$10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident, or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

5.2 Schedule of Losses	
loss of	portion payable
Life	100%
Both hands or both arms	100%
Both feet or both legs	100%
Speech and hearing of both ears	100%
One arm or part thereof:	
Arm	75%
Hand	66 2/3%
Thumb and index finger of one hand	33 1/3%
Four fingers of one hand	33 1/3%
One leg or part thereof:	
Leg	75%
Foot	66 2/3%
All toes of one foot	12 1/2%
Speech	50%
Hearing of both ears	50%
loss of use of	
Both arms and both legs (quadriplegia)	200%
Both legs (paraplegia)	200%
One arm and one leg on the same side of the body (hemiplegia)	200%
Sight of both eyes	100%
Sight of one eye	66 2/3%
Both hands or both arms	100%
One leg or one arm	75%
One hand	66 2/3%

5.3 Definitions

- ☐ Loss of a hand means severance at or above the wrist joint.
- ☐ Loss of an arm means severance at or above the elbow joint.
- ☐ Loss of a foot means severance at or above the ankle joint.
- ☐ Loss of a leg means severance at or above the knee joint.
- ☐ Loss of speech or hearing means total and irrecoverable loss and such loss must continue for 12 months and be permanent.
- ☐ Loss of a thumb or finger means severance at or above the metacarpophalangeal joint.
- ☐ Loss of a toe means severance at or above the metatarsophalangeal joint.
- ☐ Loss of use of sight or of a body member means total and irrecoverable loss of use and such loss must continue for 12 months and be permanent.

5.4 What limitations are there on coverage?

- ☐ No more than one of the above losses will be payable with respect to any limb.
- ☐ The total amount paid for all losses suffered by you as a result of any one accident will not exceed 100% of the amount of accidental death and dismemberment insurance, with the following exception. For paraplegia, hemiplegia, and quadriplegia, the total amount paid for all losses suffered by you as a result of any one accident will not exceed 200% of the amount of accidental death and dismemberment insurance.
- ☐ No amount will be paid for any loss occurring more than 365 days after the date the injury was sustained.

- ☐ No amount will be paid for any loss resulting directly or indirectly from any one of the following:
- illness or disease;
 - self-destruction or self-inflicted injuries while sane or insane;
 - committing or attempting to commit a criminal offence;
 - riot, civil commotion, insurrection, war or hostilities of any kind or any act incident thereto;
 - the inhalation of gas, voluntarily or otherwise, resulting in death;
 - poisoning or infection, other than infections occurring simultaneously with and in consequence of an accidental cut or wound;
 - injuries of which there is no visible contusion or wound on the exterior of the body, unless either drowning or internal injuries are revealed by autopsy.

5.5 What happens if I become disabled?

Your accidental death and dismemberment insurance will be continued **without payment of premium** during any period that your Great-West Life group life insurance is continued without payment of premium because of disability, but not beyond age 65.

5.6 Important details about accidental death and dismemberment claims

Proof of dismemberment

For benefits to become payable, **written proof** satisfactory to Great-West Life signed by the licensed physician treating you must be received by Great-West Life **within 12 months** after the date of the loss. Otherwise, the claim for benefits will be invalid.

Great-West Life may request you to submit to, and co-operate in, examination by Great-West Life's medical and other advisors. Refusal to submit to such examinations invalidates the claim for benefits.

Proof of death

For benefits to become payable, **written proof** satisfactory to Great-West Life of the death must be received by Great-West Life **within one year** after the date of death.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

5.7 How to make accidental death and dismemberment claims

- ☐ Obtain a claim form from the employer;
- ☐ Complete the claim form according to the instructions provided on the form; and
- ☐ Return the claim form to the employer.

6 Dependent life insurance

This part describes the dependent life insurance benefit and provides details on:

- ☐ *limitations of coverage;*
- ☐ *what happens upon becoming totally disabled;*
- ☐ *conversion options; and*
- ☐ *claims requirements.*

6.1 What am I insured for?

In the event of the death of your insured dependent, Great-West Life will pay the amount of insurance on the life of the dependent as shown in the *Benefit Summary*.

See *Part 15, Provisions for dependent insurance*, for the definition of dependent, insured dependent and duration of coverage.

6.2 What limitations are there on coverage?

No benefit will be paid:

- ☐ in the event of the death of a dependent **under 24 hours of age**; and
- ☐ in the event of the death of a dependent who was confined in hospital on the day of becoming eligible for insurance and was continuously so confined until death. This limitation will not apply to a dependent who was confined to hospital from birth and attained 24 hours of age.

6.3 What happens if I become totally disabled?

During any period of total disability for which you are entitled to a waiver of premium benefit under this policy's life insurance, Great-West Life will waive the premium on the life insurance for your dependents.

6.4 Under what circumstances may dependent life insurance be converted?

If dependent insurance on the life of your spouse:

- ☐ reduces or terminates; and
- ☐ your spouse is not eligible to become insured under this dependent life insurance;

you (or your spouse upon your death) will have the right, upon written application made **within 31 days** after such reduction or termination, to obtain a new policy of insurance on the life of your spouse without evidence of insurability, as provided below:

- ☐ if the insurance reduces, the amount of the new policy will not exceed the amount of the reduction;
- ☐ if the insurance terminates, the amount of the new policy will not exceed the amount of insurance on the life of your spouse at termination.

Great-West Life will issue the new policy, **without total disability benefit or accidental death benefit**, on any of its plans then available according to the class of risk to which your spouse then belongs.

The premium for the new policy will be at the rates then established by Great-West Life for your spouse's class of risk, sex and current age. The new policy will not become effective until the expiration of the 31 day period.

If your spouse dies during the 31 day period, Great-West Life will pay an amount equal to the insurance on the life of your spouse at termination. Payment will be made to the person who would have received the proceeds under this benefit.

6.5 Self-destruction limitation

If an insured spouse dies within two years after applying for optional life insurance, Great-West Life has the right to verify any medical information your spouse provided. If any inconsistencies are discovered, the claim will be denied and any premiums paid will be refunded. If death occurs as a result of suicide, only the amount of optional life insurance that was in effect for two years or more will be paid. Premiums paid for a new or additional amount that was in force for less than two years will be refunded.

6.6 Important details about dependent life insurance claims

For benefits to become payable, **written proof** satisfactory to Great-West Life of the death of an insured dependent must be received by Great-West Life **within one year after the date of death**.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

6.7 How to make a dependent life insurance claim

- ☐ Obtain a claim form from the employer;
- ☐ Complete the claim form according to the instructions provided on the form; and
- ☐ Return the claim form to the employer.

7 Short term disability insurance (STD)

This part describes the short term disability benefit and provides details on:

- ☐ *short term disability payments;*
- ☐ *limitations on coverage;*
- ☐ *recurrence of disability; and*
- ☐ *claims requirements.*

7.1 What am I insured for?

If you become totally disabled and are continuously so disabled for the waiting period shown in the *Benefit Summary*, Great-West Life will pay the short term disability benefit for which you were insured at the beginning of total disability as described in the *Benefit Summary*.

Payment will accrue from and be paid on the dates described in the *Benefit Summary* and will continue as you continue to be totally disabled but not longer than the period shown in the *Benefit Summary*.

7.2 What is total disability?

You will be totally disabled if unable, because of injury or disease, to perform substantially all of the duties of your occupation.

7.3 What reductions occur when determining the short term disability payment?

Your short term disability benefit will be reduced:

- ☐ by any income replacement or payments to which you are entitled:
 - under any automobile insurance plan, provided such plan does not reduce its benefits by benefits payable under the Employment Insurance Act, or
 - under any legislated income replacement or compensation plan, unless prohibited by law;

- ☐ by any amount received from your employer as severance pay or under a salary continuance plan; and
- ☐ as provided in the *Right of Subrogation* provision under *Part 16, General Provisions*.

7.4 What limitations are there on coverage?

No benefit will be paid:

- ☐ for any period of total disability during which you are not participating and co-operating in a reasonable and customary treatment program for each disabling condition;

The treatment program must be recommended by the licensed physician or chiropractor treating you and be of the nature and frequency usually required for each disabling condition.

There is a limit of one month on recognition of a reasonable and customary treatment program recommended by a chiropractor.

- ☐ for any total disability resulting directly or indirectly from any one of the following:
 - self-inflicted injury while sane or insane;
 - committing or attempting to commit a criminal offence;
 - voluntarily participating in a riot or an insurrection;
 - war or hostilities of any kind or any resultant or act incident thereto;
- ☐ for any period you are on a leave of absence, except any portion of a period of maternity leave during which you are disabled as a result of pregnancy;
- ☐ until the date scheduled for return to work from a period of leave of absence or layoff, for a disability which started during that period of time unless the disability is as a result of pregnancy, occurring during a maternity leave of absence;
- ☐ if you are disabled as a result of injury or disease for which you are entitled to payment under any Workers' Compensation or similar coverage;
- ☐ after death or following retirement under your employer's pension plan;
- ☐ if you are engaged in any occupation for compensation or profit; or
- ☐ if you do not comply with the *Right of Subrogation* provision under *Part 16, General Provisions*.

7.5 What if a disability recurs?

If you cease to be totally disabled after receiving benefits and while insured for short term disability insurance, you again become totally disabled due to the same or a related cause, the later disability will be considered to be a continuation of the previous disability.

The later disability **will not** be considered a continuation of the previous disability if:

- ☐ you completely recover from the previous disability; and
- ☐ are continuously, actively employed full time and for full pay for a period of at least 30 days after termination of the previous disability.

7.6 Important details about claims

For benefits to become payable, **written proof** satisfactory to Great-West Life signed by the licensed physician treating you must be received by Great-West Life:

- ☐ while you are totally disabled; and
- ☐ within twelve months after:
 - the end of the waiting period; or
 - the recurrence of disability.

Otherwise, your claim for benefits will be invalid.

If proof of your disability is received by Great-West Life:

- ☐ within three months after the end of the waiting period or recurrence of disability, benefits are payable from the end of the waiting period or the date disability recurred; or
- ☐ after three months but prior to twelve months after the end of the waiting period or recurrence of disability, benefits are payable from the date the proof was received by Great-West Life.

Great-West Life at any time may request that you:

- ☐ provide written proof of the continuance of your total disability; and
- ☐ that you submit to, and co-operate in, examination by Great-West Life's medical and other advisors.

If you do not provide proof satisfactory to Great-West Life **within three months** following a request, or refuse to submit to, and co-operate in, examination by Great-West Life's medical and other advisors, you will be considered to have ceased to be totally disabled immediately prior to the date the request was made.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Note on limitation of action:

No action or proceeding may be commenced against Great-West Life more than one year from the later of:

- ☐ the end of the period in which proof of claim may be submitted as stated previously under this section; and
- ☐ the date of notice of termination of benefits.

Important: Telephone calls are not considered treatment.

7.7 How to make a short term disability claim

- ☐ Obtain the appropriate claim forms from your employer;
- ☐ See a medical doctor no later than the **5th day** following the beginning of total disability or any recurrence of total disability;
- ☐ Complete the claim forms according to the instructions provided on the forms; and
- ☐ Return the claim forms to your employer by the beginning of total disability or any recurrence of total disability.

8 Long term disability insurance (LTD)

This part describes the long term disability benefit and provides details on:

- ☐ *long term disability payments;*
- ☐ *definition of total disability;*
- ☐ *limitations on coverage;*
- ☐ *rehabilitation;*
- ☐ *recurrence of disability;*
- ☐ *claims requirements; and*
- ☐ *yearly benefit increases.*

8.1 What am I insured for?

If you are totally disabled and are continuously so disabled for the waiting period shown in the *Benefit Summary*, Great-West Life will pay the monthly long term disability benefit for which you were insured at the beginning of the waiting period.

Payment will accrue from the end of the waiting period and will be payable monthly thereafter during the time you continue to be totally disabled but not beyond death or your 65th birthday.

The premium for the long term disability benefit will be waived while you are receiving long term disability benefits.

8.2 What is total disability?

You will be totally disabled if:

- ☐ during the waiting period **and the next twenty-four months** you are unable, because of injury or disease, to perform substantially **all** of the duties of your occupation; and
- ☐ thereafter, are unable because of injury or disease, to do any work:
 - for which you are or become reasonably qualified by education, training or experience; and
 - which would provide monthly earnings of at least the replacement percentage shown in the *Benefit Summary* multiplied by your monthly insurable earnings in effect at the beginning of your total disability;

As part of this qualification for total disability, the method used to determine the amount of earnings is based on the monthly insurable earnings in effect at the beginning of total disability increased each January 1 by the lesser of:

- ☐ six per cent; and
- ☐ the percentage increase in the cost of living index applicable to that year as compared to the cost of living index applicable to the preceding year.

The cost of living index is described under *Section 8, How and when will my monthly long term disability payment increase?*.

8.3 What reductions occur when determining the long term disability payment?

Your long term disability monthly benefit will be reduced by:

- ☐ any amount of income for the month to which you are entitled under any Workers' Compensation or similar coverage;
and
any amount required so that the long term disability benefit payable under this benefit would not result in a reduction of income to which you would otherwise be entitled under any Workers' Compensation or similar coverage;
- ☐ any amount of disability benefits payable for the month to which you or any other person is entitled on the basis of your disability under the *Canada Pension Plan* or similar provincial plan; this does **not include** benefits to which another person who is 18 or more years of age is entitled;
- ☐ any amount payable for the month to you as a retirement pension under the *Canada Pension Plan* or similar provincial plan; and
- ☐ any income replacement or compensation to which you are entitled under any automobile insurance or any other legislated income replacement or compensation plan, unless prohibited by law;

- ☐ an amount so that the long term disability benefit together with:
- any amount of disability benefits for the month to which you or any other person is entitled on the basis of your disability under the *Canada Pension Plan* or similar provincial plan; this does **not include** benefits to which another person who is 18 or more years of age is entitled;
 - all other disability benefits for the month to which you are entitled under any other sick leave plan, association or group insurance plan, employee pension plan, or government plan;
 - any other amount you receive for the month under any employee pension plan; and
 - any amount received from your employer as severance pay or under a salary continuance plan;
- will not exceed:**
- 85 percent of your monthly insurable earnings (**if the long term disability payment is taxable**); or
 - 85 percent of your monthly insurable earnings less deductions for income tax and the *Canada Pension Plan* or similar provincial plan (**if the long term disability payment is not taxable**); and
- ☐ as provided in the *Right of Subrogation* provision under *Part 16, General Provisions*.

Any such benefit not paid on a monthly basis will be considered to have been paid monthly on a reasonable basis as determined by Great-West Life.

A subsequent increase in any such benefit as a result of an indexing provision will not further reduce your long term disability benefit.

You must apply for all such disability benefits for which you may be eligible in order to receive your Great-West Life long term disability benefits. In some instances, Great-West Life may require you to reapply for, or appeal decisions regarding, such disability benefits. Great-West Life will estimate the amount of any reduction until it has been established.

8.4 What limitations are there on coverage?

No long term disability benefit will be paid:

- ☐ for any period of total disability during which you are not participating and co-operating in a reasonable and customary treatment program for each disabling condition. The treatment program must be recommended by the licensed physician treating you and be of the nature and frequency usually required for each disabling condition;
- ☐ for any period of time you are on a leave of absence, except any portion of a period of maternity leave during which the person is disabled as a result of pregnancy;
- ☐ until the date scheduled for your return to work from a period of leave of absence or layoff, for a disability which began during that period of time unless the disability is as a result of pregnancy, occurring during a maternity leave of absence;
- ☐ for any total disability resulting directly or indirectly from any one of the following:
 - self-inflicted injury while sane or insane;
 - committing or attempting to commit a criminal offence;
 - voluntarily participating in a riot or an insurrection;
 - war or hostilities of any kind or any act incident thereto;
- ☐ if you are engaged in any occupation for compensation or profit, other than a rehabilitation program;
- ☐ if you refuse to participate and co-operate in a rehabilitation program;
- ☐ for any disability which begins within the first twelve months that you are insured if your disability is related to a condition for which, within three months prior to becoming insured, you were:
 - treated or tested;
 - took medication; or
 - attended or consulted a physician;

For the purpose of this limitation, **insured** means continuously insured for long term disability insurance for this or similar LTD coverage under a policy held by the policyholder;

- ☐ if you do not comply with the *Right of Subrogation* provision under *Part 16, General Provisions*.

8.5 What about rehabilitation programs?

A rehabilitation program means:

- ☐ any occupation for compensation or profit;
- ☐ any assessment, counselling, training or vocational program, or work related activity;
- ☐ any educational program; or
- ☐ any reasonable and customary treatment program as described previously in *Section 4, What limitations are there on coverage?*;

approved as a rehabilitative program by Great-West Life and your attending physician.

Note: If you participate in a rehabilitation program, your monthly long term disability benefit will be reduced by **50 per cent** of your compensation or profit.

8.6 What if a disability recurs?

If you cease to be totally disabled after receiving long term disability benefits and again become totally disabled due to the same or a related cause:

- ☐ within six months, if you were not engaged in a rehabilitation program approved by Great-West Life when your total disability ceased; or
- ☐ within twelve months, if you were engaged in a rehabilitation program approved by Great-West Life when your total disability ceased;

the later disability will be considered to be a continuation of the previous disability.

If you return to active work full time and for full pay for a continuous period of less than sixty days, long term disability benefits will be paid at the same rate as before. No long term disability benefit will be payable if you are entitled to receive any other group income benefits due to your disability.

8.7 Important details about claims

For long term disability benefits to become payable, **written proof** satisfactory to Great-West Life signed by the licensed physician treating you must be received by Great-West Life:

- ☐ while you are totally disabled; and
- ☐ within twelve months after:
 - the end of the waiting period shown in the *Benefit Summary*; or
 - the recurrence of disability.

Otherwise, the claim for long term disability benefits will be invalid.

If proof of your disability is received by Great-West Life:

- ☐ within six months after the end of the waiting period or recurrence of disability, long term disability benefits are payable from the end of the waiting period or the date disability recurred; or
- ☐ after six months but prior to twelve months after the end of the waiting period or recurrence of disability, long term disability benefits are payable from the date the proof was received by Great-West Life.

Great-West Life at any time may request that you:

- ☐ provide written proof of the continuance of your total disability; and
- ☐ submit to, and co-operate in, examination by Great-West Life's medical and other advisors.

If you do not furnish proof satisfactory to Great-West Life **within three months** following a request, or refuse to submit to, and co-operate in, examination by Great-West Life's medical and other advisors, you will be considered to have ceased to be totally disabled immediately prior to the date the request was made.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Note on limitation of action:

No action or proceeding may be commenced against Great-West Life more than one year from the later of:

- ☐ the end of the period in which proof of claim may be submitted as stated previously under this section; and
- ☐ the date of notice of termination of long term disability benefits.

8.8 How and when will my monthly long term disability payment increase?

If the *Benefit Summary* shows that your long term disability benefit is to be **indexed**, then the amount of the monthly long term disability benefit payable to you during any period of continuous total disability will be increased effective with the payment due in January of each year after the initial payment of the claim.

The rate of increase of your monthly long term disability payment will be the lesser of:

- ☐ the indexing rate shown in the *Benefit Summary*; and
- ☐ the percentage increase in the cost of living index applicable to that year as compared to the cost of living index applicable to the preceding year.

What is the cost of living index?

The cost of living index for any calendar year is the average of the *Consumer Price Index (CPI)* for Canada, not seasonally adjusted, as published by *Statistics Canada* for each month in the twelve consecutive months ending October 31 of the preceding year using the most current base year.

If the Consumer Price Index (CPI) is not available, another reasonable index will be determined by Great-West Life.

8.9 How to make a long term disability claim

- ☐ Obtain an Employee Claim Submission Guide from your employer before the end of the waiting period;
- ☐ Complete the claim form according to the instructions provided on the form; and
- ☐ Return the claim form to your employer.

9 Quebec basic drug insurance

This part describes the drug insurance benefit and provides details on:

- ☐ *limitations on coverage;*
- ☐ *coverage by other insurance plans;*
- ☐ *special continuation of coverage; and*
- ☐ *claims requirements.*

9.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs expenses in excess of the deductible for necessary drugs, covered by this insurance, for the treatment of any injury or disease, Great-West Life will pay to you a portion of the reasonable charges for such drugs dispensed by a physician or dentist or by a licensed pharmacist, when prescribed by a physician or other person entitled by law to prescribe them, in excess of the deductible.

The deductible and portion payable are shown in the *Benefit Summary*.

Drugs covered by this insurance are those listed, at the time the expense is incurred, in the list of medications prepared for the purpose of Quebec's basic prescription drug insurance plan ("Quebec plan").

9.2 What limitations are there on coverage?

No benefit will be paid:

- ☐ for an expense incurred which, if you were covered under the Quebec plan, the Quebec plan would not have covered;
- ☐ for any portion of drugs which the covered person is entitled to receive, or for which the covered person is entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan. In this limitation, government plan does not include a group plan for government employees;
- ☐ if you do not comply with the *Right of Subrogation* provision under *Part 16, General Provisions*.

If you are age 65 or older and reside in Quebec, you cease to be covered under this plan and are covered under the basic plan provided by the *Régie de l'assurance-maladie du Québec*, unless you elect to be covered under this plan as set out below. A one-time election may be made to be covered under this plan. You must make this election and communicate it to your employer by the end of the **60-day period immediately following:**

- ☐ the date you reach age 65; or
- ☐ the date you become a resident of Quebec, within the meaning of the Health Insurance Act, Quebec, if you are age 65 or over.

While your election to be covered under this plan is in effect, you will be deemed not to be entitled to the basic plan provided by the *Régie de l'assurance-maladie du Québec*.

9.3 Can my Quebec basic drug benefit be reduced?

If Great-West Life pays an expense under this Quebec basic drug insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Great-West Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability, or possible liability, of a third party, see the *Right of Subrogation* provision under *Part 16 General Provisions*.

9.4 What if benefits are payable from another source?

If benefits with respect to the same expense are payable under this Quebec basic drug insurance and from any other source, Great-West Life may reduce the amount payable under this Quebec basic drug benefit to ensure that the total amount payable from all sources does not exceed the expense incurred.

9.5 In what special circumstances will my Quebec basic drug insurance be continued?

If you are totally disabled because of injury or disease and are therefore unable to perform all of the duties of your occupation on the date when your Quebec basic drug insurance would otherwise have terminated, coverage will be continued during the period of disability **for not more than 90 days from such termination date**.

If your insured dependent is confined in a licensed hospital because of injury or disease on the date when his or her Quebec basic drug insurance would otherwise have terminated, coverage will be continued during the period of hospital confinement **for not more than 90 days from such termination date**.

9.6 Important details about claims

For benefits to become payable, **written proof** satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed under the policy must be received by Great-West Life **not later than 15 months** following the date the expense was incurred.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment for a charge by a hospital or dentist may be made directly to the hospital or dentist, instead of to you, and such payment will be a complete discharge to Great-West Life for the amount paid.

No action or proceeding may be commenced against Great-West Life **within 60 days nor after one year** from the expiration of the time when proof of claim is required.

9.7 How to make a Quebec basic drug insurance claim

- ☐ Access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- ☐ If you prefer, you can submit the claim online by entering the information on the completed claim form. To use this online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. You must retain your receipt for 12 months from the date you submit your claim to Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

10 Pay-direct drug insurance (Credit card drug)

This part describes the pay-direct drug insurance benefit and provides details on:

- ☐ *eligible covered expenses;*
- ☐ *limitations on coverage;*
- ☐ *coverage by other insurance plans;*
- ☐ *special continuation of coverage; and*
- ☐ *claims requirements.*

10.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs expenses in excess of the deductible for a necessary drug for the treatment of any injury or disease, Great-West Life will pay:

- ☐ to a participating pharmacy, on your behalf or that of your insured dependent; or
- ☐ to you, if the pharmacy through which the drug has been purchased **is not a participating pharmacy**;

a portion of the reasonable charges in excess of the deductible for such drug.

The following drugs and drug supplies are covered when prescribed by a physician or other person entitled by law to prescribe them:

- ☐ drugs that legally require a prescription;
- ☐ drugs that must be injected including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered;
- ☐ disposable needles for use with non-disposable insulin injection devices, lancets and test strips;
- ☐ extemporaneous preparations or compounds if one of the ingredients is a covered drug; and
- ☐ certain other drugs that do not require a prescription by law if they are listed in the current compendium of Pharmaceuticals and Specialties. If you have any questions, contact your plan administrator before incurring the expense.

The deductible and portion payable are shown in the *Benefit Summary*.

Drugs for the treatment of infertility will be considered drugs for the treatment of disease, however fertility drugs are limited to a lifetime maximum of \$13,500 for each covered person.

A **participating pharmacy** is a pharmacy that has entered into an agreement to provide prescription medicines under this pay-direct drug insurance plan.

Your employer will provide you with a prescription drug identification card. Present your card when purchasing drugs at a participating pharmacy.

10.2 What limitations are there on coverage?

Unless required by law, no benefit will be paid:

- ☐ in excess of any applicable level of benefit specified in *Section 1 – What am I insured for?* or in the *Benefit Summary*;
- ☐ for drugs used to treat erectile dysfunction;
- ☐ for atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment;
- ☐ for non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices;
- ☐ for delivery or extension devices for inhaled medications;
- ☐ for oral vitamins, minerals, dietary supplements, infant formulas or injectable total parenteral nutrition solutions;
- ☐ for diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances;
- ☐ for smoking cessation products;
- ☐ for any drug which does not have a drug identification number as defined by the *Food and Drugs Act, Canada*;

- ☐ for proprietary or patent medicines registered under the *Food and Drugs Act, Canada*;
- ☐ for any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100-day supply will be covered;
- ☐ for drugs dispensed by a dentist or clinic or by a non-accredited hospital pharmacy;
- ☐ for drugs dispensed during treatment as an in-patient or out-patient in a hospital;
- ☐ for preventative immunization vaccines or toxoids;
- ☐ for non-injectable allergy extracts;
- ☐ for drugs that are considered cosmetic, including topical minoxidil or sunscreens.
- ☐ for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- ☐ for any drug for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement or under the health plan of the province in which the covered person resides, whether or not the covered person is insured under that provincial plan;
- ☐ for a charge which is not permitted to be insured;
- ☐ for any portion of drugs which the covered person is entitled to receive, or for which the covered person is entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan"), without regard to whether coverage would have otherwise been available under this plan. In this limitation, government plan does not include a group plan for government employees;
- ☐ for an injury or disease resulting from war or hostilities of any kind;
- ☐ if you do not comply with the *Right of Subrogation* provision under *Part 16, General Provisions*.

If you are age 65 or older and reside in Quebec, you cease to be covered under this plan for basic prescription drug coverage and are covered under the basic plan provided by the *Régie de l'assurance-maladie du Québec*, unless you elect to be covered under this plan as set out below. A one-time election may be made to be covered under this plan. You must make this election and communicate it to your employer by the end of the **60-day period** immediately following:

- ☐ the date you reach age 65; or
- ☐ the date you become a resident of Quebec, within the meaning of the Health Insurance Act, Quebec, if you are age 65 or over.

While your election to be covered under this plan is in effect, you will be deemed not to be entitled to the basic plan provided by the *Régie de l'assurance-maladie du Québec*. “Basic prescription drug coverage” means the portion of drug expenses that is reimbursed by the *Régie de l'assurance-maladie du Québec*.

10.3 Can my pay-direct drug benefits be reduced?

If Great-West Life pays an expense under this pay-direct drug insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Great-West Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability of a third party, see the *Right of Subrogation* provision under *Part 16, General Provisions*.

10.4 What if benefits are payable from another source?

If benefits with respect to the same expenses are payable under this pay-direct drug insurance plan and from any other source, Great-West Life may reduce the amount payable under this pay-direct drug insurance benefit to ensure that the total amount payable from all sources does not exceed the expense incurred.

10.5 How does the pay-direct feature work?

Your employer will provide you with a prescription drug identification card. Present your card when purchasing drugs at any participating pharmacies.

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks the pharmacist may refuse to dispense the prescribed drug.

If your coverage under the pay-direct drug insurance plan ceases, you must return your card(s) immediately to your employer

10.6 In what special circumstances will my pay-direct drug insurance be continued?

If you are totally disabled because of injury or disease and are therefore unable to perform all of the duties of your occupation on the date when your pay-direct drug insurance would otherwise have terminated, coverage will be continued during the period of disability but **for not more than 90 days from the date your insurance would otherwise have terminated.**

If an insured dependent is confined in a licensed hospital because of injury or disease on the date when his or her pay-direct drug insurance would otherwise have terminated, coverage will be continued during the period of hospital confinement but **for not more than 90 days from the date insurance would otherwise have terminated.**

10.7 Important details about claims

For benefits to become payable, **written proof** satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed under the policy must be received by Great-West Life **not later than 15 months** following the date the expense was incurred.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment for a charge by a hospital or dentist may be made directly to the hospital or dentist, instead of to you. Prescription drug benefits for drug claims submitted through the pharmacy benefits manager's electronic claims system will be issued to the pharmacy benefits manager. Such payment will be a complete discharge to Great-West Life for the amount paid.

No action or proceeding may be commenced against Great-West Life **within 60 days nor after one year** from the expiration of the time when proof of claim is required.

10.8 How to make a prescription drug claim

When purchasing drugs at a non-participating pharmacy, you will be required to pay the full price of the prescription. Follow this procedure to obtain reimbursement for out-of-pocket expenses incurred as a result of purchasing prescription drugs (not to include your deductible, if applicable).

- ☐ Access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- ☐ If you prefer, you can submit the claim online by entering the information on the completed claim form. To use this online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. You must retain your receipt for 12 months from the date you submit your claim to Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

11 Health insurance

This part describes the health insurance benefit and provides details on:

- ☐ *eligible covered expenses;*
- ☐ *limitations on coverage;*
- ☐ *coverage by other insurance plans;*
- ☐ *special continuation of coverage; and*
- ☐ *claims requirements.*

11.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs covered expenses in excess of the deductible, Great-West Life will pay to you a portion of such covered expenses in excess of the deductible. The deductible and portion payable are shown in the *Benefit Summary*.

No amount will be paid for covered expenses otherwise payable under another benefit of the Great-West Life group insurance policy.

The *Benefit Summary* shows the maximum payable for covered expenses incurred by a covered person during:

- ☐ the current year; and
- ☐ the two immediately preceding calendar years;

under this health insurance benefit and any similar coverage issued by Great-West Life.

If any covered expense is not paid because the maximum amount payable has been reached, the expense may **not** be claimed in a subsequent calendar year.

11.2 What are covered expenses?

Covered expenses are the reasonable charges for the medically necessary services and supplies for the treatment of any injury or disease, as described below, made:

- ☐ by a licensed hospital for semi-private accommodation including out-patient charges,
 - in Canada; and
 - outside Canada for a temporary period in the case of a resident of Canada who requires hospitalization due to:
 - an emergency while travelling or on vacation; or
 - because treatment is not available in Canada.

- ☐ for services rendered by a licensed physician:

- outside the province of residence of the covered person but within Canada in excess of the charges allowed under the health plan of the province of residence whether or not the covered person is insured under that plan.

The amount payable for such services will be limited to the amount specified in the fee schedule except in an emergency while the person is travelling or on vacation.

- outside Canada when such services are required due to:
 - an emergency while travelling or on vacation; or
 - because treatment is not available in Canada;

in excess of the charges allowed under the health insurance plan of the province of residence of the covered person whether or not the covered person is insured under that plan.

The amount payable for such services is unlimited.

Fee schedule means the schedule of fees of the medical association or the *College of Physicians and Surgeons* at the time of treatment in the province of residence of the covered person.

- ☐ for services of the following if licensed by a licensing and registration authority in the province where the service is rendered:

- chiropractor;
- osteopath;
- naturopath;
- podiatrist;
- physiotherapist;
- speech therapist;
- masseur;
- acupuncturist; and
- psychologist/social worker combined;

limited to \$400 per calendar year for each type of such practitioner per calendar year for the covered person;

Charges for services by a member of the *College of Physicians and Surgeons* are paid by the provincial health insurance plan.

- ☐ for x-rays by a licensed chiropractor, limited to \$45 per calendar year for the covered person;
- ☐ for surgery performed by a licensed podiatrist, limited to \$200 per calendar year for the covered person;
- ☐ for visual motor therapy by a licensed optometrist limited to \$10 per half-hour;
- ☐ for eye examinations by a licensed physician or a licensed optometrist, limited to \$50 per calendar year;
- ☐ for services of a dentist for the excision of a cyst or tumour;
- ☐ for services of a dentist only if the treatment is both required as a direct result of an accidental injury to natural teeth from an external blow, **excluding biting accidents**, and the treatment is performed **within the 12 month period** immediately following the accident;
- ☐ for ambulance service to the nearest hospital where treatment is available;

- ☐ for private duty nursing service by a registered nurse (not ordinarily resident in the home of the covered person or related to the covered person):
 - in the home of the covered person;

limited to 75 per cent of the charge for such service to a maximum of \$5,000 per calendar year for the covered person; and
 - in a hospital outside Canada in the case of a resident of Canada who requires such service due to:
 - an emergency while travelling or on vacation; or
 - because treatment is not available in Canada;

provided such service:

 - can be performed **only** by a registered nurse and not by a person of lesser qualifications; and
 - was recommended and approved by a licensed physician.
- ☐ for an artificial eye, arm, hand, leg, foot, breast and orthopaedic brace, including repairs and adjustments, or replacement if repair is not possible, or to accommodate a growing child;
- ☐ for stump socks limited to six pair per calendar year for the covered person;
- ☐ for a hearing aid;
- ☐ for eye glasses or contact lenses following a cataract operation, limited to \$100 for each eye once only;
- ☐ for oxygen and its administration;
- ☐ for rental of a standard wheelchair, crutches or hospital bed recommended and approved by a licensed physician;

- ☐ for the following items if recommended and approved by a licensed physician:
 - elastic stockings limited to two pair per calendar year for the covered person;
 - traction appliance;
 - spinal and abdominal medical support;
 - varco traction kit, belt and similar appliance;
 - neck brace;
 - cervical collar;
 - ileostomy or colostomy kit;
- ☐ for custom built orthopaedic shoes, the charge reduced by the cost of ordinary shoes, and orthopaedic modifications to shoes; provided such shoes and modifications are recommended and approved by a licensed physician or by a licensed podiatrist;
- ☐ for a wig required for permanent hair loss as a result of any injury or disease, or for temporary hair loss as a result of medical treatment for any disease, limited to a lifetime maximum of \$700 for the covered person;
- ☐ for glasses or contact lenses when provided by a licensed ophthalmologist, optometrist or optician, or laser eye surgery when performed by a licensed ophthalmologist, for the correction of vision, limited to \$200 every 12 months for each covered dependent child and every 24 months for each other covered person.

Additional services and supplies may be included at the discretion of Great-West Life.

11.3 Global Medical Assistance Program

In addition to the covered expenses outlined previously in *Section 2 – What are covered expenses?*, this program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Great-West Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent are travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. The reasonable charges for the following necessary services are covered, subject to Great-West Life's prior approval:

- ☐ **on site hospital payment** when required for admission;
- ☐ if suitable local care is not available, **medical evacuation to the nearest suitable hospital while travelling in Canada**. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment;
- ☐ **transportation and lodging for one family member** joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for a round trip economy class ticket and for moderate quality lodgings up to \$1,500;
- ☐ if you or a dependent is hospitalized while travelling with a companion, **extra costs for moderate quality lodgings** when the return trip is delayed due to the medical condition of yourself or dependent up to \$1,500;
- ☐ benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. **Telephone expenses as well as taxicab and car rental charges are included**. Meal expenses are not covered;
- ☐ if you or a dependent and a travelling companion miss prearranged, prepaid return transportation because of hospital confinement, **the cost of comparable return transportation home for the patient and travelling companion** is covered. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation;
- ☐ in the event of death, **preparation and transportation of the deceased home**;

- ☐ **return transportation home for unaccompanied minor children and an escort** when necessary if you or a dependent is hospitalized or dies;
- ☐ **costs of returning your or your dependent's vehicle home or to the nearest rental agency** because of being unable to drive due to sickness or injury up to \$1,000. Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home.

11.4 What limitations are there on coverage?

No benefit will be paid:

- ☐ for any covered expense incurred during a period of hospital confinement which began before the covered person became insured under the policy;

This limitation will not apply to a child who became insured at birth.
- ☐ for a periodic health check-up or examination;
- ☐ for travel for health;
- ☐ for cosmetic surgery;
- ☐ for dental services except as a covered expense for:
 - the excision of a cyst or tumour; and
 - only if the treatment is both required as a direct result of an accidental injury to natural teeth from an external blow, **excluding biting accidents**, and the treatment is performed **within the 12 month period** immediately following the accident;
- ☐ for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- ☐ for an expense for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement or under the health plan of the province in which the covered person resides, whether or not the covered person is insured under that plan;
- ☐ for a charge which is not permitted to be insured;
- ☐ for an injury or disease resulting from war or hostilities of any kind;

- ☐ for any deterrent or user fee, other than a chronic care co-payment fee charged by a hospital;
- ☐ for visioncare services and supplies required by an employer as a condition of employment;
- ☐ if you do not comply with the *Right of Subrogation* provision under *Part 16, General Provisions*.

11.5 Can my health benefits be reduced?

If Great-West Life pays an expense under this health insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Great-West Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability, or possible liability, of a third party, see the *Right of Subrogation* provision under *Part 16, General Provisions*.

11.6 What if benefits are payable from another source?

If benefits with respect to the same expense are payable under this health insurance provision and from any other source, Great-West Life may reduce the amount payable under this health insurance to ensure that the total amount payable from all sources does not exceed the expense incurred.

11.7 In what special circumstances will my health insurance be continued?

If you are totally disabled because of injury or disease so as to be unable to perform all of the duties of your occupation on the date when your health insurance would otherwise have terminated, coverage will be continued during the period of disability **for not more than 90 days from such termination date**.

If your insured dependent is confined in a licensed hospital because of injury or disease on the date when his or her health insurance would otherwise have terminated, coverage will be continued during the period of hospital confinement **for not more than 90 days from such termination date**.

11.8 Important details about claims

For benefits to become payable, **written proof** satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed hereunder must be received by Great-West Life **not later than 15 months** following the date the expense was incurred.

Great-West Life may require a covered person to submit to examination by Great-West Life's medical advisors.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment for a charge by a hospital or dentist may be made directly to the hospital or dentist, instead of to you, and such payment will be a complete discharge to Great-West Life for the amount paid.

No action or proceeding may be commenced against Great-West Life **within 60 days nor after one year** from the expiration of the time when proof of claim is required.

11.9 How to make a health insurance claim

- ☐ Out-of-country claims (other than those for expenses outlined under *Section 3 – Emergency travel assistance*) should be submitted to Great-West Life as soon as possible upon incurring the expense. It is very important that you send your claims to our Benefit Payment Office immediately as your provincial medical plan has very strict time limitations. Great-West Life will then send you a Government Assignment form and, if required in your province, a Special Government Claim form. Complete these forms and return them to us. We will pay all eligible claims including your provincial medical plan portion. Great-West Life will then be reimbursed directly from your provincial medical plan for their share of the expenses.
- ☐ If you have any questions or if assistance is required to complete any of the forms, please contact our Out-of-Country Claims Unit at 1-800-957-9777.
- ☐ Out-of-country claims must be submitted within a certain time period which varies with each province. Please contact our Out-of-Country Claims Unit for the time restriction for submitting claims in your province.
- ☐ Access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form. Enclose receipts and statements of payments for items paid in part or in full by another source (e.g. another insurance company, government plan, Workers' Compensation, etc).
- ☐ If you prefer, claims for paramedical services and visioncare may be submitted online. To use this online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. You must retain your receipt for 12 months from the date you submit your claim to Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

12 Preferred vision services (PVS)

12.1 What is Preferred Vision Services?

Preferred Vision Services (PVS) is a service provided by Great-West Life to its customers through PVS which is a preferred provider network company.

PVS entitles you to a discount on a wide selection of quality eyewear and lens extras (scratch guarding, tints, etc.) when you purchase these items from a PVS network optician or optometrist. A discount on laser eye surgery can be obtained through an organization that is part of the PVS network.

PVS also entitles you to a discount on hearing aids (batteries, tubing, ear molds, etc.) when you purchase these items from a PVS network.

You are eligible to receive the PVS discount through the network whether or not you are enrolled for the health insurance described in this booklet. You can use the PVS network as often as you wish for yourself and your insured dependents.

12.2 How do I use PVS?

- ☐ Call the **PVS Information Hotline** at **1 800 668-6444** or visit the **PVS web site** at **www.pvs.ca** for information about PVS locations and the program;
- ☐ Arrange for a fitting, an eye examination, a hearing assessment or a hearing test, if needed;
- ☐ Present your group benefit plan identification card, to identify your preferred status as a PVS member through Great-West Life, at the time the eyewear or the hearing aid is purchased, or at the initial consultation for laser eye surgery;
- ☐ Pay the reduced PVS price. If you have vision care coverage or hearing aid coverage for the product or service, obtain a receipt and submit it with a claim form to your insurance carrier in the usual manner.

13 Dental insurance (C plan)

This part describes the dental insurance benefit and provides details on:

- ☐ *eligible covered expenses;*
- ☐ *fee schedule definitions;*
- ☐ *limitations on coverage;*
- ☐ *coverage by other insurance plans; and*
- ☐ *claims requirements.*

13.1 What am I insured for?

If a covered person, meaning you or your insured dependent, incurs covered expenses, Great-West Life will pay to you a portion of the covered expenses in excess of the deductible. The deductible and portion payable are shown in the *Benefit Summary*.

The maximum amount payable for a covered person is also shown in the *Benefit Summary*.

13.2 What are covered expenses?

Covered expenses are the reasonable charges, **not exceeding those specified in the fee schedule**, incurred for necessary dental services as described below which are performed or prescribed by a licensed dentist or a denturist licensed to practise denture therapy, or performed by a dental hygienist entitled by law to practise independently. If an allowance for an expense is not included in the fee schedule, Great-West Life will determine the reasonable and customary allowance. If the covered person is resident outside of Canada, the applicable fee schedule is that of the province where the Canadian head office of the policyholder is located.

The fee schedule is as described in the *Benefit Summary*.

Basic Services:

- ☐ examinations:
 - routine (once every 9 months);
 - complete (once every 24 months);
- ☐ x-rays:
 - periapical and occlusal;
 - bitewing (once every six months);
 - complete series (once every two years);
 - panorex (one every five years);
- ☐ fillings;
- ☐ extractions;
- ☐ oral surgery;
- ☐ polishing (once every six months);
- ☐ scaling;
- ☐ fluoride treatments (only for a person under 19 years of age);
- ☐ periodontal treatment of the soft and hard tissue supporting the teeth,
excluding any type of splinting, appliances, or orthodontic treatment;
- ☐ endodontics;
- ☐ rebasing, relining and repair of dentures;
- ☐ space maintainers for missing primary teeth;

Limitations of basic services:

No benefit will be paid for an expense incurred:

- ☐ for the removal of an amalgam restoration and its replacement with an alternate material unless there is evidence of recurrent decay or significant breakdown;
- ☐ for oral hygiene instruction and plaque control;

- ☐ for occlusal equilibration and adjustment;
- ☐ for orthodontic purposes including preliminary and preparatory procedures.

Restorative Services:

- ☐ onlays;
- ☐ crowns;
- ☐ fixed bridges (abutment crowns, onlays or inlays and pontics) to replace missing natural permanent teeth;
- ☐ standard dentures, excluding a duplicate set and equilibrated dentures;
- ☐ bridge repair;

Limitations of restorative services:

No benefit will be paid for an expense incurred:

- ☐ for construction of an onlay or crown unless there is extensive decay, breakdown or fracture of the tooth at the time of construction where an amalgam or similar restorative material cannot adequately restore the tooth;
- ☐ for a precision attachment or for dental restorations for the purposes of periodontal splinting, full mouth rehabilitation, altering of the vertical dimension or modifying the occlusion;
- ☐ as a result of teeth which were missing prior to the date of becoming insured for restorative benefits under any group insurance plan or policy of the policyholder;
- ☐ for replacement of an onlay, crown or bridge unless there is extensive decay or breakdown which cannot be repaired by use of amalgam or similar restorative material;
- ☐ for replacement of dentures within five years of placement.

Orthodontic Services:

- ☐ orthodontic treatment;
- ☐ orthodontic appliances.

13.3 What general limitations are there on coverage?

No benefit will be paid:

- ☐ for a covered expense otherwise payable under another benefit of the Great-West Life group insurance policy;
- ☐ for an expense incurred for cosmetic purposes;
- ☐ for injury or disease for which a covered person is entitled to payment under any Workers' Compensation or similar coverage;
- ☐ for an expense for which a covered person is not required to pay, or for which the covered person is entitled to reimbursement under any non-contractual arrangement;
- ☐ for an expense for an injury or disease resulting from war or hostilities of any kind;
- ☐ if you do not comply with the *Right of Subrogation* provision under *Part 16, General Provisions*.

13.4 Can my dental benefits be reduced?

If Great-West Life pays an expense under this dental insurance benefit for which a third party is or may be liable, and you recover compensation from that third party, you may be required to reimburse Great-West Life, or your benefits may be otherwise reduced. For a fuller description of where benefits may be reduced because of the liability, or possible liability, of a third party, see the *Right of Subrogation* provision under *Part 16, General Provisions*.

13.5 What if benefits are payable from another source?

If benefits with respect to the same expense are payable under this dental insurance and from any other source, Great-West Life may reduce the amount payable under this dental insurance to ensure that the total amount payable from all sources does not exceed the expense incurred.

13.6 Important details about claims

For benefits to become payable, **written proof** satisfactory to Great-West Life of the incurring of an expense for which benefits are claimed hereunder must be received by Great-West Life **not later than 15 months** following the date the expense was incurred.

Great-West Life may require a covered person to submit to examination by Great-West Life's dental advisors.

Proof satisfactory to Great-West Life may be required to verify statements made to establish insurability.

Great-West Life, in its discretion and to the extent permitted by law, may pay another person on your behalf.

Payment may be made directly to the provider of service, instead of to you, and such payment will be a complete discharge to Great-West Life for the amount paid.

No action or proceeding may be commenced against Great-West Life **within 60 days nor after one year** from the expiration of the time when proof of claim is required.

13.7 How to make a dental claim

- ☐ Access GroupNet for Plan Members to obtain a personalized claim form or obtain a claim form from your employer. Complete and submit the claim form according to the instructions provided on the form.
- ☐ If you prefer, you can submit the claim online by entering the information on the completed claim form. To use this online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online. You must retain your receipt for 12 months from the date you submit your claim to Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

Pre-determination:

For extensive dental work over \$500, submit a claim form/estimate (available from your dental service provider) showing the proposed treatment and estimated costs so that the amount of benefits payable can be determined.

14 Diagnostic and treatment support services (Best Doctors® service)

This part describes diagnostic and treatment support services, and provides details on:

- ☐ *eligibility for coverage; and*
- ☐ *termination of coverage.*

14.1 What is this?

This service is designed to allow you, your dependents and your attending physician or specialists access to the expertise of world-class specialists, resources, information and clinical guidance.

If you or your dependents are diagnosed with a serious medical condition for which there is objective evidence, or if your physician or you or your dependent suspect you have such a condition, you can access this service. This service is made up of a unique step-by-step process that may help address questions or concerns about a medical condition. This may include confirming the diagnosis and suggesting the most effective treatment plan by drawing on a global database of up to 50,000 peer-ranked specialists.

14.2 How does it work?

It works as follows:

- ☐ the covered person can access diagnostic and treatment support services by calling 1-877-419-BEST (2378) toll free;
- ☐ the covered person will be connected with a member advocate who will be dedicated to his case and will provide support through the process; the member advocate will take the necessary medical history and answer his questions; any information provided is not shared with either your employer or the administrator of your health plan;
- ☐ based on the information and questions, the member advocate determines the optimal level of service for the covered person;
- ☐ the member advocate may provide information, resources, guidance and advice individually tailored to meet the covered person's health needs; he can also help identify individual community supports and resources;

- ☐ if it is appropriate, the member advocate may arrange for an in-depth review of the covered person's medical file to assist in confirming the diagnosis and help develop a treatment plan; this review may include collecting, deconstructing and reconstructing medical records, pathology retesting and analyzing test results; a written report outlining the conclusions and recommendations of the specialists will be forwarded to the covered person and his physician; on average, this process takes 6 to 8 weeks; timeframes may vary depending on the complexity of the case and amount of medical records to collect;
- ☐ if the covered person decides to seek treatment by a different physician, the member advocate can help identify the specialist best qualified to meet his specific medical needs; expenses incurred for travel and treatment are not covered by this service; and
- ☐ if the covered person decides to seek treatment outside Canada, the member advocate can arrange referrals and can help book accommodations; the member advocate can also access hospital and physician discounts, arrange for forwarding of medical information and monitor the treatment process; expenses incurred for travel and treatment are not covered by this service.

Note: These services are not insured services. Great-West Life is not responsible for the provision of the services, their results, or any treatment received or requested in connection with the services.

14.3 Who is eligible?

You are eligible for diagnostic and treatment support services if you are covered for one or more of life, disability, or basic health care benefits under your employer's benefit program, and those benefits are insured or administered by Great-West Life.

Your dependents are eligible if they are a spouse or child:

- ☐ who is covered for basic benefits under your employer's benefit program insured or administered by Great-West Life;
- ☐ for whom you have waived basic benefits under your employer's benefit program because that coverage is being provided under your spouse's group benefit program; or

- ☐ where there is no coverage for basic benefits for a spouse or a child under either your employer's benefit program or your spouse's group benefit program, who otherwise meets the definition of spouse or child, under the agreement under which diagnostic and treatment support services are provided.

14.4 When does coverage terminate?

Your coverage terminates when you are no longer eligible, or when your employer or Great-West Life discontinues the plan.

Your dependents' coverage terminates when your coverage terminates or when they are no longer eligible, whichever is earlier.

15 Provisions for dependent insurance

*This part defines the terms **dependent** and **child** and provides details on termination of dependent insurance.*

15.1 Who is classified as a dependent?

Dependent means:

- ☐ the person with whom you cohabit in a marriage like relationship (spouse);
- ☐ your unmarried child under 21 years of age and dependent on you for support;
- ☐ your unmarried child **21 years of age or over but less than 26 years of age** who is a full-time student attending or on vacation from an educational institution and dependent on you for support; and
- ☐ any other person required by law to be considered a dependent under the policy. This person will be considered a dependent child for the purposes of any deductible or portion payable shown in the *Benefit Summary*.

The age restriction does not apply to a mentally or physically handicapped person who had this condition and was insured as your dependent immediately before the age of 21.

Insured dependent means a person insured under the Great-West Life group insurance policy as a dependent.

If dependent life insurance is in force, see the section on *dependent life insurance* to determine when coverage commences.

The following will be considered to be your **child**:

- ☐ a person related to you by blood or marriage and for whom you are the legal guardian;
- ☐ a person you are adopting, during the period of probation;

- ☐ your stepchild; and
- ☐ a child of the person with whom you are cohabiting in a marriage like relationship, provided such child is living with you.

15.2 When does dependent insurance coverage terminate?

The insurance on a dependent will terminate on the earliest of:

- ☐ the date the dependent ceases to qualify as your dependent;
- ☐ the date you cease to be insured for similar coverage under the Great-West Life policy (for example should you cease being insured for employee dental benefits, the dental benefits on your dependents will also terminate);
- ☐ the date, in the case of a dependent child, determined by age limit restrictions stated in the *Benefit Summary*; and
- ☐ the date specified by the policyholder in a **written notice** to Great-West Life.

If you die **and are insured** under the Great-West Life group **life** insurance plan at the time of your death, any health and vision insurance on your dependents, **other than Quebec basic drug and dental C insurance**, will continue for each dependent **without payment of premium** and on the same basis as immediately prior to the date of your death, until the earlier of:

- ☐ 30 months from the date of your death;
- ☐ the date the dependent would have ceased to qualify as your dependent had you not died; and
- ☐ the date you would no longer have been eligible for coverage under the Great-West Life group insurance plan, had you not died.

Any Quebec basic drug or dental C insurance on your dependents will continue for 31 days without payment of premium.

If you die **and are not insured** under the Great-West Life group life insurance plan, any health, vision and dental insurance on your dependents will continue for 31 days without payment of premium.

16 General provisions

This part provides details on:

- ☐ *provinces and territories;*
- ☐ *age discrepancies;*
- ☐ *payments;*
- ☐ *legal requirements; and*
- ☐ *right of subrogation.*

16.1 Contract

Reference to a province includes a territory when required by the context.

16.2 Age

If the age of an insured person has been misstated, the true age will govern and there will be an equitable adjustment in the amount of premium paid by the policyholder.

16.3 Currency

All payments made to, or by, Great-West Life will be in lawful money of Canada.

16.4 Conformity with law

If the contract conflicts with any law which applies to an individual's right to group insurance coverage, the contract will be amended to conform to that law.

16.5 Right of subrogation

If Great-West Life pays a benefit under this contract for a loss for which a **third party is or may be liable**, Great-West Life will be subrogated to your rights in any claim you assert against the third party.

Where the amount of the benefit paid by Great-West Life, together with the recovery from the third party and from any other source, exceeds 100 per cent of the actual loss or expense, you will hold the benefits in excess of 100 per cent, **less the proportionate amount of unrecovered legal expenses**, in trust for Great-West Life and will **reimburse Great-West Life in the amount of the excess within 30 days following receipt of the third party recovery**.

If the third party recovery compensates you for future loss, any benefits otherwise payable by Great-West Life will be reduced so that the total benefits payable in the future will not exceed 100 per cent of the loss.

You will co-operate with Great-West Life and in no way compromise Great-West Life's right of subrogation. You will execute a **subrogation reimbursement agreement and direction** and any other documentation required by Great-West Life and provide details of the third party claim.

You must obtain the consent of Great-West Life to any settlement of the third party claim and this consent will not be unreasonably withheld. If you fail to obtain Great-West Life's consent to any settlement, you will be considered to have recovered 100 per cent of the loss from the third party.

If judgement is obtained in the third party action, you must advise Great-West Life of the judgement within 10 days and provide Great-West Life with the details of the total recovery. If you fail to provide these details, you will be considered to have recovered 100 per cent of the loss from the third party.

No benefits will be payable unless the requirements of this provision are satisfied.

17 Protecting your personal information

At Great-West Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Great-West Life or the offices of an organization authorized by Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

We use the information to administer the group benefit plan under which you are covered. This includes many tasks, such as:

- ☐ Determining your eligibility for coverage under the plan;
- ☐ Enrolling you for coverage;
- ☐ Investigating and assessing your claims and providing you with payment;
- ☐ Managing your claims;
- ☐ Verifying and auditing eligibility and claims;
- ☐ Creating and maintaining records concerning our relationship;
- ☐ Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan; and
- ☐ Preparing regulatory reports, such as tax slips.

We may exchange personal information with your health care providers, your plan administrator, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us or the above when relevant and necessary to administer the plan.

As plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Great-West Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.