

ATTENTION:

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Attached to and forming part of Group Policy No. 335018 issued to

SPORT B.C.

This policy has been amended effective September 1, 2018 in respect of the following provision:

BENEFIT PROVISIONS – HC

Revision Instructions

Deleted Pages

D-HC 13 (Jun.01.10)
D-HC 19 (Jun.01.10)

Replacement Pages

D-HC 13 (Sep.01.18)
D-HC 19 (Sep.01.18)

The payment of any amount of premium due on or after the effective date of this amendment in respect of the insurance provided under this policy shall be considered evidence of the Group Policyholder's acceptance of this amendment.

Signed at The Great-West Life Assurance Company, Regina, Saskatchewan, on October 15, 2018.



President and
Chief Executive Officer



President and
Chief Operating Officer, Canada

GROUP INSURANCE POLICY

GROUP POLICYHOLDER: SPORT B.C.

GROUP POLICY NO.: 335018

EFFECTIVE DATE: May 1, 2007

INSURANCE PROVIDED: Life, Health, and Disability Income Insurance

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(Nov.01.08)

Revised: June 30, 2009

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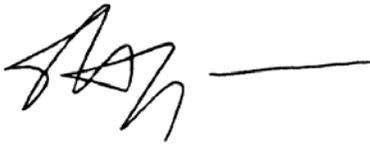
AGREEMENT

Great-West Life agrees to pay the benefits provided by this policy to the persons entitled to receive them. This agreement is made in consideration of the Group Policyholder's payment of the required premiums.

This policy takes effect at 12:01 a.m. on the Effective Date, local time at the Group Policyholder's address.

The following pages and any riders or amendments are a part of this policy.

Signed at The Great-West Life Assurance Company, Regina, Saskatchewan



Secretary



President and
Chief Executive Officer

For the Actuary

TABLE OF LIFE INSURANCE BENEFITS

This table must be read in conjunction with the rest of this policy.

EMPLOYEE LIFE INSURANCE

ELIGIBLE CLASSES:	All employees under age 70
BENEFIT FORMULA:	300% of annual earnings
AMOUNT OF INSURANCE:	<p>The amount derived from the benefit formula. The maximum amount of insurance is \$300,000. At age 65, the amount of insurance reduces by 50%.</p> <p>Amounts of insurance for employees under age 65 are rounded to the next higher integral multiple of \$1,000 if they are not already an integral multiple of \$1,000. At ages 65 and over, amounts that are not already an integral multiple of \$500 are rounded to the next higher integral multiple of \$500.</p>

TABLE OF ACCIDENT AND HEALTH BENEFITS

This table must be read in conjunction with the rest of this policy.

EMPLOYEE ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS BENEFITS

ELIGIBLE CLASSES:	All employees under age 70
PRINCIPAL SUM:	an amount equal to the employee's life insurance under this policy

EMPLOYEE AND DEPENDENT HEALTHCARE EXPENSE BENEFITS

ELIGIBLE CLASSES:	All employees
PRESCRIPTION DRUG DEDUCTIBLE: (applicable to in-Canada drug expenses)	an amount equal to the dispensing fee portion of the drug charge
CALENDAR YEAR DEDUCTIBLE:	
- for in-Canada hospital, out-of-country emergency care, global medical assistance, in-Canada prescription drugs and visioncare expenses	none
- for all other expenses:	
• individual	\$25
• family	\$25
REIMBURSEMENT LEVEL:	100%
LIFETIME MAXIMUM:	none

EMPLOYEE AND DEPENDENT DENTALCARE EXPENSE BENEFITS

ELIGIBLE CLASSES:	All employees
DENTAL FEE GUIDE:	The dental fee guide in effect in the employee's province of residence on the date treatment is rendered
CALENDAR YEAR DEDUCTIBLE:	
- for dental accident coverage	none
- for all other expenses:	
• individual	\$25
• family	\$25
REIMBURSEMENT LEVEL:	
- for basic coverage	100%
- for major coverage	50%
- for orthodontic coverage	50%
- for dental accident coverage	100%
BENEFIT MAXIMUMS:	
- for major coverage	\$1,500 per calendar year
- for orthodontics	\$2,000 lifetime
- for all other expenses	none

TABLE OF DISABILITY INCOME INSURANCE BENEFITS

This table must be read in conjunction with the rest of this policy.

EMPLOYEE SHORT TERM DISABILITY INCOME BENEFITS

ELIGIBLE CLASSES:	All employees under age 70
WAITING PERIOD:	14 consecutive days
ASSESSMENT LEVEL:	60%
BENEFIT FORMULA:	66 2/3% of weekly earnings
INCOME BENEFIT:	The amount derived from the benefit formula. The maximum income benefit is \$2,000. All income benefits that are not even dollar amounts are rounded to the next higher dollar.
BENEFIT PERIOD:	
- part-time employees	25 weeks
- all other employees	17 weeks
TAX STATUS:	non-taxable

EMPLOYEE LONG TERM DISABILITY INCOME BENEFITS

ELIGIBLE CLASSES:	All employees under age 65
WAITING PERIOD:	
- part-time employees	180 calendar days
- all other employees	119 calendar days
INITIAL ASSESSMENT PERIOD:	the waiting period plus the next 24 months of disability
SUBSEQUENT ASSESSMENT LEVEL:	50%
BENEFIT FORMULA:	66 2/3% of monthly earnings
GROSS BENEFIT:	the amount derived from the benefit formula. Gross benefits in excess of the no evidence maximum of \$5,500 are subject to this policy's underwriting provision. The maximum gross benefit is \$7,500.
INCOME BENEFIT:	the lesser of the gross benefit and the all source maximum
ALL SOURCE MAXIMUM:	85% of take-home pay
COST-OF-LIVING PERCENTAGE:	3%
TAX STATUS:	non-taxable

Schedule of Affiliated Companies

ALL SPORT INSURANCE MARKETING LTD.
BADMINTON BC
B.C. AMATEUR BASEBALL ASSOCIATION
BASKETBALL BC
DISABLED SKIERS ASSOCIATION OF B.C.
BC ALPINE SKI ASSOCIATION
BRITISH COLUMBIA AMATEUR ATHLETICS ASSOCIATION
FEDERATION OF BRITISH COLUMBIA NATURALISTS
BRITISH COLUMBIA RUGBY ASSOCIATION
VOLLEYBALL BC
BC WHEELCHAIR BASKETBALL SOCIETY
BRITISH COLUMBIA BLIND SPORTS AND RECREATION ASSOCIATION
CANOE RACING BC
CANADIAN DOLPHIN SWIM CLUB
CANADA WEST MOUNTAIN SCHOOL, INC.
CHENA SWIM CLUB
CLIFF AVENUE UNITED FOOTBALL CLUB
COMOX VALLEY AQUATIC CLUB
CURL BC
CANADIAN AMATEUR DIVING ASSOCIATION INC.
FIELD HOCKEY BC
GYMNASTICS BC
BRITISH COLUMBIA AMATEUR HOCKEY ASSOCIATION
JERICO SAILING CENTER ASSOCIATION
JUDO BC
J.W. SPORTA LIMITED
KARATE BC
L.A. CREATIVE INC.
BRITISH COLUMBIA LACROSSE ASSOCIATION
ROYAL LIFE SAVING SOCIETY - BC & YUKON BRANCH
MC MOTIVATE CANADA
PACIFIC SEA WOLVES SWIM CLUB
ROWING BRITISH COLUMBIA
BRITISH COLUMBIA SAILING ASSOCIATION
SBC INSURANCE AGENCIES LTD.
BC SCHOOL SPORTS
SKATE CANADA, BRITISH COLUMBIA/YUKON SECTION
BRITISH COLUMBIA SOCCER ASSOCIATION
BRITISH COLUMBIA SPEED SKATING ASSOCIATION
SPORT MEDICINE COUNCIL OF BRITISH COLUMBIA
DELTA SUNGOD SWIM CLUB
SWIM BC
BRITISH COLUMBIA AMATEUR SYNCHRONIZED SWIMMING ASSOCIATION
TENNIS – BRITISH COLUMBIA
TRIATHLON BC

Affiliates

**B-SC 1
(Feb.01.17)**

VANCOUVER ADAPTIVE SNOW SPORTS
BC WHEELCHAIR SPORT ASSOCIATION
WHISTLER ADAPTIVE SPORTS PROGRAM SOCIETY
WHITE ROCK GYMNASTICS & DIVING TRAINING ACADEMY
WHITEHORSE GLACIER BEARS SWIM CLUB

Affiliates

**B-SC 2
(Feb.01.17)**

335018

INSURING PROVISIONS

EMPLOYER

Employer means the Group Policyholder and the companies listed in the Schedule of Affiliated Companies.

INSURANCE CLAUSE

To become insured under this policy a person must:

1. be employed by the employer;
2. be an insurable employee;
3. be in an eligible class;
4. satisfy the eligibility conditions; and
5. satisfy the effective date of insurance provisions.

- LTD restriction

A person who will reach age 65 by the end of a period equal to this policy's long term disability waiting period will not become insured for long term disability income insurance.

INSURABLE EMPLOYEE

An employee is insurable if he is employed:

1. on a permanent, non-seasonal basis; and
2. for at least:
 - (a) 20 hours each week, if he is a part-time employee, or
 - (b) 30 hours each week, if he is any other employee.

ELIGIBILITY CONDITIONS

A part-time employee is eligible after he completes 6 months of continuous employment as an insurable employee.

Any other employee is eligible after he completes 3 months of continuous employment as an insurable employee.

- continuous employment

An employee is considered continuously employed only if he satisfies the actively at work requirement throughout the eligibility waiting period.

- eligibility limitation

An employee is only eligible for the benefits provided for his class in the Table of Benefits.

Insuring Provisions

C 1
(Jan.01.18)

INSURING PROVISIONS

DEPENDENT COVERAGE

An employee is eligible to insure his dependents on the later of:

1. the date the employee becomes eligible;
and
2. the date the employee acquires his first insurable dependent.

The effective date of insurance section determines when the insurance for a dependent actually starts.

INSURABLE DEPENDENTS

An insurable dependent is an insurable spouse or an insurable child.

INSURING PROVISIONS

INSURABLE SPOUSE

A spouse is insurable if that person is the employee's legal spouse, common-law spouse, or former spouse.

An employee can only insure one spouse at a time. He must insure the same person for all spouse benefits provided under the employer's benefit program.

Where the employee has more than one insurable spouse, Great-West Life will consider his insured spouse to be the one for whom he first submits a claim for any benefit provided under the employer's benefit program.

- legal spouse

A legal spouse means the person lawfully married to the employee according to applicable provincial legislation.

- common-law spouse

A common-law spouse means a person who is living with the employee in a conjugal relationship.

- former spouse

A former spouse means a divorced or ex-common-law spouse of the employee for whom insurance protection for some of the benefits available under the employer's benefit program is mandated by court order.

INSURING PROVISIONS

- change in spouse

The employee can change from one insured spouse to another by submitting a claim for a different spouse for any benefit provided under the employer's benefit program. The change will take effect on the later of:

1. the date of the loss claimed for the new spouse; and
2. the day after the date of the last loss claimed for the previous spouse.

A change from a common-law spouse to a legal spouse is valid only when the legal spouse is living with the employee.

A change from a former spouse to a legal or common-law spouse is not allowed unless the provision in the court order by which the former spouse qualified for coverage is no longer in effect.

INSURING PROVISIONS

INSURABLE CHILD

A child is insurable if he is:

1. an unmarried natural, adopted, or step child of the employee or the insured spouse; or
2. any other unmarried child for whom the employee or the insured spouse has been appointed guardian for all purposes by a court of competent jurisdiction.

A child under age 21 must not be working more than 30 hours a week, unless he is a full-time student.

A child age 21 or over must either be:

1. a full-time student under age 25; or
2. incapacitated for a continuous period beginning:
 - (a) before age 21; or
 - (b) while a full-time student and before age 25.

A child of the insured spouse is not insurable unless:

1. he is also the employee's child; or
2. the spouse is living with the employee and has custody of the child.

A child for whom the employee or the insured spouse has been appointed guardian is not insurable unless:

1. Great-West Life has received satisfactory proof of guardianship; and
2. if the insured spouse is the guardian, the spouse is living with the employee.

INSURING PROVISIONS

- student

A child is considered a full-time student if he has been in registered attendance at an elementary school, high school, university, or similar educational institution for 15 hours a week or more sometime in the last 6 months.

A child is not considered a full-time student if he is being paid to attend an educational institution.
- incapacity

A child is considered incapacitated if he is incapable of supporting himself due to a physical or psychiatric disorder.

INSURING PROVISIONS

EFFECTIVE DATE OF INSURANCE

Insurance takes effect on the following dates, subject to the actively at work requirement.

1. Non-contributory insurance takes effect on the date the employee becomes eligible.
2. Contributory insurance takes effect on the date the employee becomes eligible or the date he applies for insurance, whichever is later.
3. Insurance subject to the underwriting provision takes effect on the date of written approval.

- non-contributory insurance

Non-contributory insurance is insurance for which the employee is not required to make a premium contribution.

- contributory insurance

Contributory insurance is insurance for which the employee is required to make a premium contribution.

Insurance is subject to the underwriting provision if:

1. it is contributory insurance that is not applied for within 31 days of the date the employee becomes eligible.
2. it is insurance in excess of a no evidence maximum.

INSURING PROVISIONS

Changes in Insurance

Changes in insurance take effect as they occur, except that:

1. all increases and new benefits are subject to the actively at work requirement. Increases are also subject to the underwriting provision if they are increases in optional critical illness insurance.
2. healthcare increases and new healthcare benefits for a dependent confined in hospital on the date a change would otherwise take effect will not take effect until release from hospital.
3. no change in disability income insurance will take effect during a disability period.
4. no change in life insurance will take effect during a waiver of premium disability period.

Actively at Work Requirement

To satisfy this requirement, an employee must:

1. not be disabled according to the definition of disability under this policy's short term disability income benefit; and
2. be either:
 - (a) actually working at the employer's place of business or a place where the employer's business requires him to work; or
 - (b) absent due to vacation, weekends, statutory holidays, or shift variances.

INSURING PROVISIONS

Underwriting Provision

If an employee wishes to obtain insurance that is subject to this provision, he must apply for it and supply the information Great-West Life requests. Great-West Life will then assess the information according to its underwriting rules. The application will be approved if it meets underwriting standards.

- substandard offer

If an employee's application for long term disability income insurance is not approved, Great-West Life may offer to provide this insurance on a restricted basis.

- limited dental coverage

Late applications for dental insurance are not assessed according to underwriting rules. Instead, the following limits are applied:

1. coverage during the first 12 months of insurance is limited to:
 - (a) dental accident coverage; and
 - (b) basic coverage to a maximum benefit of \$250 per person.

No benefits will be paid for major treatment during the first 12 months of insurance unless it is considered a dental accident expense.

2. no benefits are payable for orthodontic treatment during the first 24 months of insurance.

INSURING PROVISIONS

TERMINATION OF INSURANCE

The following provisions describe when insurance terminates.

Employee Insurance

Insurance for an employee terminates on the earliest of the following dates:

1. the date this policy terminates;
2. the due date of the first premium to which he has not made a required contribution for employee coverage;
3. the date he ceases to be in an eligible class;
4. the date he ceases to be an insurable employee;
5. the date he ceases to satisfy the actively at work requirement. If he is not at work because of disease or injury, temporary lay-off, or leave of absence, this date will be extended to the earliest of:
 - (a) the date the employer stops paying premiums or otherwise determines that insurance has terminated. This date must be determined on the same basis for all employees in like circumstances.
 - (b) the date he starts to work in another job more than 20 hours per week, except in an approved rehabilitation plan.
 - (c) for disease or injury:
 - A. for life insurance for which he has not applied for this policy's waiver of premium benefit, the end of a period equal to the waiver of premium waiting period.

- for disease or injury

- life insurance without waiver of premium application

INSURING PROVISIONS

- life insurance with waiver of premium application
 - LTD insurance
 - other insurance
- B. for life insurance for which he has applied for this policy's waiver of premium benefit:
- (i) for a disabling disease or injury, the end of the waiver of premium disability period.
 - (ii) for disease or injury for which he does not qualify for waiver of premium benefits, the date determined under (a) or (b) only, whichever comes first.
- C. for long term disability income insurance:
- (i) for a disabling disease or injury, the date he first ceases to be eligible for income benefits.
 - (ii) for disease or injury for which he does not qualify for income benefits, 31 days after the number of days of the disability waiting period.
- D. for all other insurance, for a disabling disease or injury, the end of the disability period. No extension will be considered for a non-disabling disease or injury.

An employee is considered disabled under this provision during the period he satisfies the definition of disability under this policy's short term disability income benefit.

INSURING PROVISIONS

- for lay-off or leave of absence other than maternity or parental leave

- (d) for temporary lay-off or leave of absence other than maternity or parental leave:
 - A. for disability income insurance, 31 days after the lay-off or leave starts.
 - B. for all other coverages, 6 months after the lay-off or leave starts.

If the employer is required by law to provide insurance beyond these dates, Great-West Life will further extend the termination date to the end of the period required by law.

- for maternity or parental leave

- (e) for maternity or parental leave, the end of the leave.

Insurance for an Employee's Dependents

Insurance for an employee's dependents terminates on the earliest of the following dates:

1. the date the insurance for the employee terminates;
2. the due date of the first premium to which the employee has not made a required contribution for dependent coverage;
3. the date the employee ceases to be in a class eligible for dependent coverage;
4. the date the dependent ceases to qualify as an insurable dependent; or
5. for a spouse, the day before the effective date of a change to a new insured spouse.

INSURING PROVISIONS

Life Insurance Termination During Disability Periods

Life insurance will not terminate during any period for which the employee has been approved for waiver of premium benefits or during any part of the waiver of premium waiting period in which he satisfies the definition of disability under the waiver of premium benefit.

INSURING PROVISIONS

EXTENDED BENEFITS FOR DISABILITY

- healthcare
Healthcare benefits, except for in-Canada prescription drugs, are extended for an employee and his insured dependents if the employee is disabled when his insurance terminates. If the employee is not disabled when coverage for a dependent terminates, hospital and nursing care benefits are still extended for the dependent as long as he is hospital confined or receiving nursing care when the coverage terminates.

No benefits are payable for in-Canada prescription drug expenses incurred after termination of insurance.
- disability income benefits
Disability income benefits are extended for an employee if he is disabled at the date of termination of his insurance.
- other benefits
There is no extension of accidental death, dismemberment and specific loss benefits or dental care benefits after termination of insurance except as provided under the accidental injury provision. There is no extension of life insurance benefits after termination of insurance except as provided under the life insurance conversion privilege.

Disability

An employee is considered disabled for all benefits except long term disability income benefits if he satisfies the definition of disability under this policy's short term disability income benefit. He is considered disabled for long term disability income benefits if he satisfies the definition of disability under this policy's long term disability income benefit.

INSURING PROVISIONS

Duration

Disability income benefits are extended to the end of the disability period. Healthcare benefits are extended to the earliest of:

1. the date the disability ends, or, where hospital and nursing care benefits are being extended for a dependent of a non-disabled employee, the date the confinement ends or the services of a professional nurse are no longer required;
2. 6 months after the insurance terminates; or
3. the date the employee or dependent becomes eligible for coverage under another group plan.

Benefit Limitation

Extended benefits are limited to those that would have been payable if the insurance were still in force.

EXTENDED BENEFITS FOR ACCIDENTAL INJURY

- accidental death, dismemberment and specific loss benefits

Accidental death, dismemberment and specific loss benefits are payable for covered losses suffered after termination of insurance as long as the accident causing the loss occurred while the insurance was still in force.

- dentalcare benefits

Dentalcare benefits are extended for an employee and his insured dependents after termination of insurance only when termination occurs as a result of termination of this policy. Benefits are limited to those that would have been payable for treatment of accidental injury to sound natural teeth if the insurance were still in force. No benefits are payable for treatment resulting from an accident occurring after termination of insurance.

INSURING PROVISIONS

SURVIVOR HEALTH BENEFITS

If an employee dies while his dependents are insured for healthcare and dentalcare benefits under this policy, their healthcare and dentalcare coverage will continue to the earlier of:

1. the date they cease to qualify as insurable dependents; or
2. 2 years after the employee's death.

If an employee's child is born after the employee's death, the child is considered an insurable dependent.

Payment

Survivor benefits are paid to the surviving spouse. If there is no surviving spouse, benefits are paid as follows:

1. for a child who has reached the age of majority, to him; and
2. for a minor child, to his legal guardian.

Extended Benefits

This policy's extended benefits provisions also apply to coverage terminating under this survivor benefit.

INSURING PROVISIONS

REINSTATEMENT OF INSURANCE

Insurance will be automatically reinstated if:

1. it terminated because of disease or injury, leave of absence, or temporary lay-off; and
2. the employee returns to work within 3 months after it terminated, or within any period for which the employer is required by law to reinstate the insurance.

If an employee does not qualify for automatic reinstatement, he will be treated as a new employee unless the insurance terminated because he stopped making required premium contributions. If it did, reinstatement is subject to the underwriting provision.

INSURING PROVISIONS

LIFE INSURANCE CONVERSION PRIVILEGE

An employee is entitled to obtain an individual life insurance policy without evidence of insurability if he meets the following conditions.

- conditions

1. All or part of the employee's life insurance under this policy terminates on or before his 65th birthday.
2. The employee must apply for the individual policy in writing and pay the first premium within 31 days after the insurance terminates.

- exceptions

The conversion privilege is not available if the insurance terminates because of age.

The conversion privilege is not available to a spouse for whom insurance terminates because:

1. he ceases to be an insurable spouse; or
2. the employee chooses to insure a different spouse.

- policy form

The individual policy will be one of the standard life insurance conversion forms made available by Great-West Life or any of its affiliates. No disability or accidental death benefit will be offered.

- premium

The premium for the individual policy will be based on current individual insurance rates.

- amount

The amount of the individual policy will not exceed the lesser of:

1. the amount of terminated insurance less the amount of any group term life insurance for which the person becomes eligible within the 31 days allowed for conversion; and
2. \$200,000.

INSURING PROVISIONS

This is the combined maximum that can be converted under all group life plans issued to the employer by Great-West Life.

A person can convert less than the maximum individual policy amount but, if he does, he cannot convert an amount less than the minimum issued for the type of policy chosen.

- conversion policy effective date

The individual policy takes effect at the end of the 31 days allowed for conversion.

- extension

If a person dies within the 31 days allowed for conversion, the lesser of the following amounts is payable as if the death occurred while the insurance was still in force:

1. the total amount of terminated life insurance; and
2. \$200,000.

- cancellation

If the employee is approved for this policy's life insurance waiver of premium benefit after he or his spouse has been issued an individual life insurance conversion policy, the individual policy will be cancelled and the premiums paid on that policy refunded to the employee.

INSURING PROVISIONS

LONG TERM DISABILITY INCOME INSURANCE CONVERSION PRIVILEGE

- conditions

A person is entitled to obtain an individual disability income policy without medical evidence if he meets the following conditions.

1. His long term disability income insurance terminates because:
 - (a) he is no longer an insurable employee;
 - (b) he no longer satisfies the actively at work requirement; or
 - (c) he ceases to be in an eligible class.
2. In the case of 1(a) or 1(b), he starts employment with another employer during the 6 months after his insurance terminates.
3. He applies for conversion in writing:
 - (a) while this policy's long term disability income benefit is in force for the class in which he was insured; and
 - (b) during the following period:
 - A. if his insurance terminated for a reason stated in 1(a) or 1(b), the 31 days after he first starts work in the new job; and
 - B. if his insurance terminated for the reason stated in 1(c), the 31 days after termination.
4. His application is acceptable according to Great-West Life's underwriting rules for individual disability insurance conversion policies. These rules include but are not limited to issue and participation limits in effect at the time of conversion. Medical evidence and length of employment rules are not considered.

INSURING PROVISIONS

- conversion policy effective date

The individual policy takes effect on the date Great-West Life approves the application as long as the first premium has been paid.

The individual policy will be in the form and subject to the amounts then being offered by Great-West Life to disability income insurance conversion applicants.

BENEFIT PROVISIONS

LIFE INSURANCE

DEATH BENEFIT

If an employee dies while insured, Great-West Life will pay his amount of life insurance to his beneficiary. The amount of life insurance is shown in the Table of Benefits.

Beneficiary

An employee has the right to name a beneficiary when he applies for insurance. He can change his beneficiary at any time, where permitted by law.

If the beneficiary dies before the employee or if the employee has not named a beneficiary, payment will be made to the employee's estate.

BENEFIT PROVISIONS - Life

WAIVER OF PREMIUM BENEFIT

If an employee becomes disabled while insured, Great-West Life will waive the premiums on his life insurance throughout the benefit period, subject to the notice of claim provision.

Disability

An employee is considered disabled if he satisfies the disability definition under this policy's long term disability income benefit.

Disability Period

A waiver of premium disability period is:

1. the waiting period; plus
2. the benefit period.

Waiting Period

The waiting period for life disability benefits is the same as the waiting period under this policy's long term disability income benefit.

Benefit Period

A benefit period is the period of time after the waiting period during which the employee satisfies the disability definition under this policy's long term disability income benefit. A benefit period will not continue past an employee's 65th birthday.

BENEFIT PROVISIONS

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS BENEFITS

ASSESSMENT RESPONSIBILITY

Great-West Life has full responsibility for the assessment of a person's entitlement to benefits.

DEATH, DISMEMBERMENT AND SPECIFIC LOSS BENEFITS

If a person is injured in an accident that occurs while he is insured and the injury results in a covered loss, Great-West Life will pay a lump sum benefit to the injured person or, in the case of death, to his beneficiary.

Covered Loss

Any loss listed in the Table of Losses is considered a covered loss if:

1. it occurs as a direct result of the injury, independent of all other causes;
2. it occurs within 1 year after the accident; and
3. in the case of loss of use, it is continuous for 1 year.

Amount Payable

The amount payable is the principal sum or the factor or portion of the principal sum shown opposite the loss in the Table of Losses. The principal sum is equal to the person's amount of life insurance under this policy. Not more than the principal sum is payable for all covered losses resulting from the same accident.

- exception for paraplegia, hemiplegia, and quadriplegia

For paraplegia, hemiplegia, and quadriplegia, the maximum amount payable for all covered losses resulting from the same accident is 2 times the principal sum.

BENEFIT PROVISIONS - AD&D

Table of Losses	<u>Loss</u>	<u>Amount Payable</u>
	For loss of:	
	Life	the principal sum
	Both hands	the principal sum
	Both feet	the principal sum
	Sight of both eyes	the principal sum
	One hand and one foot	the principal sum
	One hand and sight of one eye	the principal sum
	One foot and sight of one eye	the principal sum
	Speech and hearing in both ears	the principal sum
	One arm	3/4 principal sum
	One leg	3/4 principal sum
	One hand	1/2 principal sum
	One foot	1/2 principal sum
	Sight of one eye	1/2 principal sum
	Speech	1/2 principal sum
	Hearing in both ears	1/2 principal sum
	Thumb and index finger	1/4 principal sum
	Four fingers of one hand	1/4 principal sum
	All toes of one foot	1/8 principal sum
	For loss of use of:	
	Both arms and both legs (quadriplegia)	2 X the principal sum
	Both legs (paraplegia)	2 X the principal sum
	One arm and one leg on the same side of the body (hemiplegia)	2 X the principal sum
	One arm and one leg on different sides of the body	the principal sum
	Both arms	the principal sum
	Both hands	the principal sum
	One hand and one leg	the principal sum
	One arm	3/4 principal sum
	One leg	3/4 principal sum
	One hand	1/2 principal sum

BENEFIT PROVISIONS - AD&D

In the Table of Losses:

- dismemberment loss
 1. loss by dismemberment means:
 - (a) for hands and feet, complete severance through or above the wrist or ankle joints;
 - (b) for arms and legs, complete severance through or above the elbow or knee joints;
 - (c) for thumb and big toe, complete severance of one entire phalange;
 - (d) for fingers and other toes, complete severance of two entire phalanges.
- surgical reattachment

An amount equal to 50% of the dismemberment benefit is payable if a dismembered part is surgically reattached, regardless of the use regained. The balance of the dismemberment benefit is payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.
- sight, speech, and hearing loss
 2. loss of sight, speech, or hearing means total and irrecoverable loss beyond correction by surgical or other means.
- loss of use
 3. loss of use means total and irrecoverable loss of the ability to perform every action the arm, leg, or hand was able to perform before the accident occurred, beyond correction by surgical or other means. No benefits will be paid for loss of use if benefits for loss by dismemberment of the same arm, leg, or hand are paid or payable as a result of the same accident.

BENEFIT PROVISIONS - AD&D

REPATRIATION BENEFIT

If benefits are payable under this benefit provision for loss of life which occurred at least 150 kilometres from the person's place of residence, Great-West Life will pay for preparation of the body and its transportation to the place of burial or cremation. The amount payable is the actual expense incurred reduced by any amount paid for the same expenses under this policy's global medical assistance benefit. The maximum amount payable under this provision is \$2,500.

EDUCATIONAL BENEFIT FOR DEPENDENT CHILDREN

If benefits are payable under this benefit provision for loss of an employee's life, Great-West Life will pay the tuition fees for enrolling his dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must satisfy one of the following conditions:

1. he must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing the loss of life; or
2. he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing the loss of life and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

The maximum amount payable under this provision for each year of full-time post-secondary school enrolment is the lesser of:

1. 5% of the principal sum; and
2. \$5,000.

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.

BENEFIT PROVISIONS - AD&D

- full-time student
A child is considered a full-time student if he is in registered attendance for 15 hours a week or more.
- post-secondary institution
A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.
- benefit limitations
No benefits will be paid for:
 1. tuition expenses incurred before the accident.
 2. room or board or other ordinary living, travelling, or clothing expenses.

FAMILY TRANSPORTATION BENEFIT

If a person is hospitalized more than 150 kilometres from his home as a result of a covered loss for which benefits are payable under this benefit provision, Great-West Life will pay for transportation and lodging expenses for one family member to join the person. The amount payable is the actual expense incurred reduced by any amount paid for the same expenses under this policy's global medical assistance benefit. The maximum amount payable under this provision is \$2,000.

- benefit limitations
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 \$.20 per kilometre travelled.

BENEFIT PROVISIONS - AD&D

OCCUPATIONAL TRAINING BENEFIT FOR SPOUSES

If benefits are payable under this benefit provision for loss of an employee's life, Great-West Life will pay for expenses associated with his 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. The maximum amount payable under this provision is the lesser of:

1. 10% of the principal sum; and
2. \$10,000.

- benefit limitations

No benefits will be paid for:

1. expenses incurred more than 3 years after the accident causing the loss of life.
2. room or board or other ordinary living, travelling, or clothing expenses.

EDUCATIONAL BENEFIT

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

- post-secondary institution

A post-secondary institution means an accredited university, general and vocational school, trade school, community college, or private college that provides an education above the secondary school level.

BENEFIT PROVISIONS - AD&D

- benefit limitations

No benefits will be paid for:

1. tuition expenses incurred before the accident.
2. expenses incurred more than 2 years after the accident causing the loss.
3. room or board or other ordinary living, travelling, or clothing expenses.

WHEELCHAIR BENEFIT

If benefits are payable under this benefit provision for a loss due to an injury that requires the use of a wheelchair for the person to be ambulatory, Great-West Life will pay for expenses associated with:

1. alterations to the person's principal residence to make it wheelchair accessible and habitable; and
2. modifications to a motor vehicle used by the person to make it accessible to and driveable by the person.

Benefits for home alterations are payable only if the person or persons making the changes are:

1. experienced in home alterations for wheelchairs; and
2. recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if:

1. the person or persons making the changes are experienced in vehicle modification for wheelchairs; and
2. the modifications are approved by the provincial vehicle licensing authority.

BENEFIT PROVISIONS - AD&D

- benefit maximum
The amount payable is the actual expense incurred reduced by any amount paid for the same expenses under this policy's healthcare benefit. The maximum amount payable under this provision for all home and vehicle modifications combined is \$10,000.

- benefit limitations
No benefits will be paid for:
 1. expenses incurred more than 365 days after the accident.
 2. subsequent alterations to the person's home or vehicle after an initial claim for benefits has been made under this provision.

BENEFICIARY

An employee has the right to name a beneficiary when he applies for insurance. He can change his beneficiary at any time, where permitted by law.

If the beneficiary dies before the employee or if the employee has not named a beneficiary, payment will be made to the employee's estate.

GENERAL LIMITATIONS

No benefits will be paid for loss resulting from or associated with the following:

1. suicide while sane or insane;
2. intentionally self-inflicted injury while sane or insane;
3. viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed;
4. disease or infirmity;
5. medical or surgical treatment, except surgical reattachment;
6. service, including part-time or temporary service, in the armed forces of any country;
7. war, insurrection, or voluntary participation in a riot;

BENEFIT PROVISIONS - AD&D

8. air travel, ascent, or descent, except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. Under no circumstances will benefits be paid where the aircraft is owned, leased, or rented by the employer or where the person who suffers the loss is acting as a crew member.

BENEFIT PROVISIONS

HEALTHCARE BENEFITS FOR EMPLOYEES AND DEPENDENTS

ASSESSMENT RESPONSIBILITY

Great-West Life has full responsibility for the assessment of a person's entitlement to benefits.

ASSESSMENT STANDARD

All services and supplies covered under this benefit provision must represent reasonable treatment of disease or injury.

A disease is a physical or psychiatric disorder.

Reasonable Treatment

Treatment is considered reasonable if it is:

1. accepted by the Canadian medical profession;
2. proven to be effective; and
3. of a form, intensity, frequency, and duration essential to diagnosis or management of the disease or injury.

BENEFIT PROVISIONS - HC

AMBULANCE SERVICES

Ambulance services, including air ambulance services, are covered if they are provided by a licensed ambulance company.

Transportation must be to the nearest centre where essential treatment is available.

- alternative benefit

If transportation is to a further centre, Great-West Life will provide alternative benefits based on coverage for transportation to the nearest centre where essential treatment is available.

HOSPITAL AND NURSING CARE

Hospital or nursing home confinement or home nursing care is covered if:

1. it starts while the person is insured under this benefit provision; and
2. it represents acute, convalescent, or palliative care.

- acute care

Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.

- convalescent care

Convalescent care is active treatment or rehabilitation:

1. for a condition that will significantly improve as a result of convalescent care; and
2. that immediately follows 3 or more days of confinement for acute care.

- palliative care

Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

BENEFIT PROVISIONS - HC

Hospital Care

Great-West Life covers preferred accommodation in a hospital or accommodation in a nursing home when provided in Canada.

For hospital accommodation, Great-West Life covers the difference between the hospital's semi-private and standard ward rates. For out-of-province hospital accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in the person's home province is also covered.

Great-West Life also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in the person's home province.

For accommodation in a nursing home, Great-West Life covers the government authorized co-payment.

Benefits for hospital services outside Canada are payable only as provided under the out-of-country emergency care provision.

- hospital

A hospital is an institution that:

1. is legally termed a hospital;
2. is open at all times;
3. offers in-patient accommodation;
4. has a staff of one or more physicians available at all times; and
5. continuously provides 24-hour nursing by graduate registered nurses.

BENEFIT PROVISIONS - HC

- nursing home

A nursing home is an institution or part of an institution that:

1. offers in-patient accommodation;
2. has a staff of one or more physicians available at all times; and
3. continuously provides 24-hour medical care by or under the supervision of professional nurses.

Facilities established primarily as residences for senior citizens or which provide personal rather than medical care are not included.

BENEFIT PROVISIONS - HC

Nursing Care

Great-West Life covers home nursing care provided in Canada. Nursing care is care that:

1. requires the skills and training of a professional nurse; and
2. is provided by a professional nurse who is not a member of the patient's family.

Coverage is limited to the minimum number of hours and level of skill needed to provide each essential nursing service. Applicable licensing restrictions will be recognized in determining the level of skill needed.

- professional nurse

A professional nurse is a graduate registered nurse, licensed practical nurse, or registered nursing assistant.

- benefit maximums

Benefits for nursing care are payable for a maximum of 12 months, beginning on the first day of care. The maximum amount payable is \$10,000.

The maximums will be reinstated for a subsequent period of nursing when:

1. it follows a period of at least 6 months during which no nursing services were needed; or
2. it is required for a condition unrelated to the conditions for which benefits have already been paid. Conditions are considered related when:
 - (a) they exist simultaneously; or
 - (b) they arise from the same or related causes.

BENEFIT PROVISIONS - HC

- pre-care assessment

To establish the amount of coverage available under this policy before home nursing begins, the employee should apply for a pre-care assessment.

A pre-care assessment is an assessment provided by Great-West Life that identifies:

1. the type of nurse that will be covered;
2. the number of hours to be covered per day or week; and
3. the estimated duration of coverage.

To receive a pre-care assessment, the employee must submit a letter from the attending physician containing:

1. a description of the person's current medical condition and prognosis;
2. a list of the required nursing services and their frequency;
3. an indication of the level of skill required to perform the required services, meaning those of a graduate registered nurse, licensed practical nurse, registered nursing assistant, or other practitioner;
4. the number of hours of care required per day or week; and
5. an estimate of the length of time care will be required.

Limitation

No benefits will be paid for hospital or nursing care for conditions where significant improvement or deterioration is unlikely within the next 12 months. This is considered chronic care.

BENEFIT PROVISIONS - HC

OUT-OF-COUNTRY EMERGENCY CARE

Out-of-country emergency care is covered if:

1. it is required as a result of a medical emergency arising while the person is outside Canada for vacation, business, or education; and
2. the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer.

- medical emergency

A medical emergency is a sudden, unexpected injury or an acute episode of disease.

- covered medical treatment

Great-West Life covers the following services and supplies when related to the initial medical treatment:

1. treatment by a physician.
2. diagnostic x-ray and laboratory services.
3. hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while the person is insured under this benefit provision.
4. medical supplies provided during a covered hospital confinement.
5. paramedical services provided during a covered hospital confinement.
6. hospital out-patient services and supplies.
7. medical supplies provided out-of-hospital if they would have been covered in Canada.
8. drugs.
9. out-of-hospital services of a professional nurse.
10. ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available. Alternative benefits are available on the same basis as they are for ambulance services provided in Canada.

BENEFIT PROVISIONS - HC

- benefit limitation

If the person's medical condition permits a return to Canada, benefits are limited to the lesser of:

1. the amount payable under this policy for continued treatment outside Canada; and
2. the amount payable under this policy for comparable treatment in Canada plus the cost of return transportation.

BENEFIT PROVISIONS - HC

MEDICAL TRAVEL IN CANADA

Medical travel is covered if:

1. a person is referred away from home by a physician for medical treatment by another physician elsewhere within his own province or elsewhere in Canada; and
2. the round trip distance is 1,000 kilometres or more.

- transportation

Great-West Life covers travelling expenses for the person requiring the treatment and one travelling companion if recommended by the attending physician. Benefits are limited to either:

1. round trip economy class travel via a commercial airline, train, or bus; or
2. automobile fuel expenses. Taxicab, car rental charges, and automobile repair charges are not covered.

- lodging

Great-West Life also covers necessary lodging expenses for the patient and travelling companion. Benefits are limited to moderate quality accommodation for the area in which the treatment is rendered. Telephone and meal expenses are not covered.

Benefit Maximum

The maximum amount payable for all transportation and lodging expenses associated with in-Canada medical travel is \$2,000 in a person's lifetime.

Limitation

No benefits will be paid for travel expenses associated with treatment by a medical practitioner who is not a physician.

BENEFIT PROVISIONS - HC

GLOBAL MEDICAL ASSISTANCE

Global medical assistance is covered if:

1. it is required as a result of a medical emergency arising while the person is travelling for vacation or business, or is travelling to or from an educational facility; and
2. the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer.

Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from the person's home.

Assistance is provided through a worldwide communications network that operates 24 hours a day. The network assists in locating medical care and in obtaining Great-West Life's prior approval of covered services. The network can also approve on-site hospital payment when required for admission, to a maximum of \$1,000.

Covered Services

The following services are covered subject to Great-West Life's prior approval:

- medical evacuation
1. medical evacuation if suitable local care is not available. If the person is travelling within Canada, coverage is provided for transportation to the nearest hospital where treatment is available. If the person is travelling outside Canada, coverage is provided for transportation to:
 - (a) the nearest hospital outside Canada where treatment is available; or
 - (b) a hospital in Canada.

When services are covered under this provision, they are not covered under other provisions of this policy.

BENEFIT PROVISIONS - HC

- family assistance
 - travelling companion
 - transportation reimbursement
 - death
 - unaccompanied minor children
2. round trip economy class transportation and lodging for one family member joining a patient who will be hospitalized for more than 7 days while travelling on his own. A person is considered to be on his own when no family member is with him.
 3. extra lodging costs for one travelling companion when the return trip for the patient and travelling companion is delayed because the patient is hospitalized. No benefits are payable for extra lodging costs for a travelling companion if family assistance benefits are claimed under 2. for the same period of confinement.
 4. the cost of comparable return transportation home for a patient and one travelling companion if prearranged, prepaid return transportation is missed because the patient is hospitalized. Any amount for which other compensation is available is not covered. A rental vehicle is not considered prearranged, prepaid return transportation.
 5. in case of death, preparation of the person's body and its return transportation home.
 6. return transportation home for minor children who had travelled with the patient and who are left unaccompanied because of the patient's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary.

BENEFIT PROVISIONS - HC

- vehicle return

7. the cost of returning a patient's vehicle, whether private or rental, home or to the nearest appropriate vehicle rental agency when sickness or injury prevents the patient from driving. The maximum amount payable is \$1,000. No benefits will be paid for vehicle return if transportation reimbursement benefits are claimed under 4. for the same period of confinement.

Refund of On-Site Hospital Payments

Where on-site hospital payments exceed Great-West Life's liability under this policy for that confinement, the patient must refund the excess to Great-West Life. If the hospital confinement is not covered under this policy, Great-West Life is entitled to a full refund of the amount advanced.

Lodging Limitation

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. The maximum amount payable for lodging expenses is \$1,500 per confinement.

Disclaimer

Neither the communications network nor Great-West Life is responsible for:

1. the availability, quantity, quality, or results of any medical treatment a person receives; or
2. any unsuccessful attempts by a person to obtain medical services.

Identification Cards

If a person's coverage under this provision terminates for any reason, the Group Policyholder is responsible for immediate recall of his global medical assistance identification cards.

BENEFIT PROVISIONS - HC

PRESCRIPTION DRUGS

The following drugs and drug supplies are covered when prescribed by a physician or other person entitled by law to prescribe them, and provided in Canada. Benefits for drug expenses outside Canada are payable only as provided under the out-of-country emergency care provision.

- drugs requiring a prescription by law
 - 1. drugs that require a prescription according to:
 - (a) the Food and Drugs Act, Canada; or
 - (b) provincial legislation in effect where the drug is dispensed.
- Oral contraceptives are covered.
- injected drugs
 - 2. drugs that must be injected, including vitamins, insulins, and allergy extracts. Syringes for self-administered injections are also covered.
 - diabetic supplies
 - 3. disposable needles for use with non-disposable insulin injection devices, sensors for flash glucose monitoring machines, lancets, and test strips.
 - extemporaneous preparations
 - 4. extemporaneous preparations or compounds if one of the ingredients is a covered drug.
 - prescribed drugs
 - 5. drugs that do not require a prescription by law if:
 - (a) they are listed in the current Compendium of Pharmaceuticals and Specialties; and
 - (b) they are categorized as:
 - Antimalarials
 - Fibrinolytics
 - Nitroglycerin
 - Potassium replacements
 - Single entity fluorides
 - Single entity iron salts
 - Smoking cessation products
 - Thyroid agents
 - Topical enzymatic debriding agents

BENEFIT PROVISIONS - HC

- exceptions

The following non-prescription items are not covered:

- (a) atomizers, appliances, prosthetic devices, or colostomy supplies.
- (b) first aid or diagnostic supplies or testing equipment.
- (c) non-disposable insulin delivery devices or spring loaded devices used to hold blood letting supplies.
- (d) delivery or extension devices for inhaled medications.
- (e) oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas, or injectable total parenteral nutrition solutions, whether or not prescribed for a medical reason, except where federal or provincial law requires a prescription for their sale.
- (f) diaphragms, condoms, contraceptive jellies, foams, sponges, or suppositories, contraceptive implants, or appliances normally used for contraception, whether or not prescribed for a medical reason.

Government Drug Plans

Covered expenses for drugs eligible under any government drug plan are limited to any amounts the employee is required to pay for himself or his family under the government plan.

Benefit Maximums

Benefits for smoking cessation products are limited to \$500 in a person's lifetime. Benefits for fertility drugs are limited to a lifetime maximum of \$10,000.

BENEFIT PROVISIONS - HC

Limitations

No benefits will be paid for:

1. any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada.
2. any single purchase of a drug that would not reasonably be consumed or used within 34 days, except for the following maintenance drugs when dispensed in quantities that would reasonably be consumed or used within 100 days:
 - antiasthmatics
 - antibiotics for acne
 - anticoagulants
 - anticonvulsants
 - antihypertensive agents
 - antiparkinson
 - antituberculosis
 - cardiac agents
 - estrogens
 - glaucoma
 - hypoglycemic agents
 - oral contraceptives
 - potassium replacements
 - thyroid preparations.
3. drugs dispensed by a dentist or clinic or by a non-accredited hospital pharmacy.
4. drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital.
5. preventative immunization vaccines and toxoids.
6. non-injectable allergy extracts.

BENEFIT PROVISIONS - HC

7. drugs that are considered cosmetic, such as topical minoxidil or sunscreens, whether or not prescribed for a medical reason.
8. drugs used to treat erectile dysfunction.

Identification Cards

If a person's drug coverage terminates for any reason, the Group Policyholder is responsible for immediate recall of his prescription drug identification cards.

BENEFIT PROVISIONS - HC

MEDICAL SUPPLIES

The following medical supplies are covered when prescribed by a physician. For supplies available on a rental basis, Great-West Life covers either the rental cost or, at its discretion, the cost of purchase.

Breathing Equipment

The following breathing equipment is covered:

1. oxygen and the equipment needed for its administration.
2. intermittent positive pressure breathing machines.
3. continuous positive airway pressure machines.
4. apnea monitors for respiratory dysrhythmias.
5. mist tents and nebulizers.
6. chest percussors, drainage boards, and sputum stands.
7. suction pumps.
8. tracheostoma tubes.

Orthopedic Equipment

The following orthopedic equipment is covered:

1. braces and cervical collars. Braces are wearable, orthopedic appliances that rely on a rigid material such as metal or hard plastic to hold parts of the body in the correct position. Elastic supports and foot orthotics are not considered braces. Dental braces are not covered.
2. custom-fitted orthopedic shoes, including modifications to orthopedic footwear. Benefits are limited to one pair a year.
3. custom-made foot orthotics. Benefits are limited to one pair a year.
4. casts.
5. splints, including shoes attached to a splint. Intra-oral splints are not covered.
6. external electrospinal stimulators for the correction of scoliosis.
7. non-union bone stimulators.
8. prone standers.

BENEFIT PROVISIONS - HC

Prosthetic Equipment

The following prosthetic equipment is covered:

1. artificial eyes, including rebuilding and polishing of artificial eyes.
2. standard artificial limbs, including repairs, stump socks, and shoulder harnesses.
3. cleft palate obturators.
4. myoelectric arms, including repairs. The maximum amount payable for each prosthesis is \$10,000. Repair charges do not apply to this maximum.
5. external breast prosthesis once a year, and surgical brassieres twice a year.

- alternative benefit

If internal breast prostheses are provided, Great-West Life will provide alternative benefits based on coverage for external breast prostheses.

Mobility Aids

The following mobility aids are covered:

1. canes, walkers, crutches, and parapodiums.
2. mechanical or hydraulic patient lifters once every 5 years. The maximum amount payable is \$2,000 for each lifter.
3. rechargeable batteries for covered wheelchairs.
4. outdoor wheelchair ramps once in a person's lifetime. The maximum amount payable is \$2,000.
5. wheelchairs, including repairs. Special wheelchairs necessary to permit independent participation in daily living are included. Special wheelchair features required primarily for participation in sports are not covered.

BENEFIT PROVISIONS - HC

- alternative benefits

If power-assisted patient lifters are provided, Great-West Life will provide alternative benefits based on coverage for mechanical or hydraulic patient lifters.

If special wheelchairs are provided in circumstances where the condition does not warrant a special one, Great-West Life will provide alternative benefits based on coverage for the type of wheelchair required to permit independent participation in daily living.

Communication Aids

The following communication aids are covered:

1. hearing aids, including batteries, tubing, and ear molds provided at the time the hearing aid is purchased. The maximum amount payable is \$400 every 60 months.
2. speech aids, such as Bliss boards and laryngeal speaking aids, when no alternative method of communication is possible. The maximum amount payable is \$1,000 in a person's lifetime.

Diabetic Supplies

The following diabetic supplies are covered:

1. Novolin-Pens, or similar insulin injection devices using a needle.
2. blood letting devices, including platforms but not lancets. Lancets are covered under the prescription drugs provision.
3. blood-glucose monitoring machines.
4. flash glucose monitoring machines.
5. insulin infusion sets, not including infusion pumps.
6. external insulin infusion pumps.

BENEFIT PROVISIONS - HC

Other Medical Supplies

The following other medical supplies are covered:

1. hospital beds, bed rails, trapeze bars, head halters, and traction apparatus. Air-fluidized hospital beds are not covered.
2. colostomy and ileostomy supplies.
3. catheters and catheterization supplies.
4. food substitutes that must be administered through a tube feeding process. Tube feeding pumps and pump sets are also covered.
5. transcutaneous nerve stimulators for the control of chronic pain.
6. custom-made pressure supports for lymphedema.
7. extremity pumps for lymphedema or severe postphlebitic syndrome.
8. custom-made graduated compression hose, to a maximum of 4 pairs a year.
9. custom-made burn garments.
10. elevated toilet seats, shower chairs, bathtub rails, and standard commodes.
11. wigs for cancer patients undergoing chemotherapy. The maximum amount payable is \$500 in a person's lifetime.
12. intraocular lenses following cataract surgery.
13. one pair of eyeglasses or contact lenses following non-refractive eye surgery.
14. intrauterine devices.

BENEFIT PROVISIONS - HC

DIAGNOSTIC SERVICES

Diagnostic laboratory and x-ray procedures performed in the person's province of residence are covered when coverage is not available under his provincial government plan.

BENEFIT PROVISIONS - HC

PARAMEDICAL SERVICES

The following paramedical services are covered when provided out-of-hospital:

- acupuncturists
 - chiropractors
 - massage therapists
 - naturopaths
 - osteopaths
 - physiotherapists
 - podiatrists
 - psychologists/social workers/counsellors
 - speech therapists
1. treatment by a qualified acupuncturist. The maximum amount payable is \$500 in a calendar year.
 2. treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor. The maximum amount payable is \$500 in a calendar year.
 3. treatment by a qualified massage therapist. The maximum amount payable is \$500 in a calendar year.
 4. treatment by a licensed naturopath. The maximum amount payable is \$500 in a calendar year.
 5. treatment by a licensed osteopath, including diagnostic x-rays. The maximum amount payable is \$500 in a calendar year.
 6. treatment of movement disorders by a licensed physiotherapist. The maximum amount payable is \$500 in a calendar year.
 7. treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist. The maximum amount payable is \$500 in a calendar year.
 8. treatment by a registered psychologist, qualified social worker, or registered clinical counsellor. The maximum amount payable for all treatment combined is \$500 in a calendar year.
 9. treatment of speech impairments by a qualified speech therapist. The maximum amount payable is \$500 in a calendar year.

BENEFIT PROVISIONS - HC

Government Coverage

Unless prohibited by law, Great-West Life will pay for the portion of the cost that is not payable under a government plan.

- exception

No benefits will be paid for podiatric treatments for which a portion of the cost is payable under the Ontario Health Insurance Plan (OHIP). Benefits for these services are payable only after the maximum annual OHIP benefit has been paid.

BENEFIT PROVISIONS - HC

VISIONCARE

The following visioncare services and supplies are covered:

- eye examinations
 1. eye examinations, including refraction, once every 2 calendar years to a maximum of \$65 if:
 - (a) they are performed by a licensed ophthalmologist or optometrist; and
 - (b) coverage is not available under the person's provincial government plan.
- glasses and contact lenses
 2. glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist, or optician. The maximum amount payable is \$100 every 2 calendar years.
- contacts for special conditions
 3. An additional benefit of \$200 every 24 months is payable for contact lenses when the following conditions are met:
 - (a) they are prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus, or aphakia; and
 - (b) vision in the better eye cannot be corrected to the 20/40 level by glasses.

When benefits are paid under this provision, no benefits will be paid for glasses purchased in the same benefit period.

- visual training and remedial therapy
 4. visual training and remedial therapy performed by a licensed ophthalmologist or optometrist.

Coverage is limited to 52 visits in a calendar year.

Limitation

No benefits will be paid for visioncare services and supplies required by an employer as a condition of employment.

BENEFIT PROVISIONS - HC

CARDIAC PROGRAM

Treatment under a cardiac rehabilitation program is covered if:

1. it meets standards suggested by the American Heart Association; and
2. it is prescribed by the attending physician after myocardial infarction, coronary bypass surgery, or valve replacement.

Benefit Maximums

Benefits for cardiac rehabilitation treatment are payable for a maximum of 12 months, beginning on the first day of treatment. The maximum amount payable is \$400 per calendar year.

BENEFIT PROVISIONS - HC

AMOUNT PAYABLE

Great-West Life pays for covered expenses:

1. that are incurred while the person is insured for them; and
2. that exceed the deductible.

Covered expenses are the lesser of actual expenses and customary charges for covered services and supplies.

- customary charges

Customary charges are the lowest of:

1. representative prices in the area where the treatment was provided;
2. prices shown in any applicable professional association fee guide; and
3. maximum prices established by law.

- payment of benefits

Payment is made at the reimbursement level shown in the Table of Benefits. Benefits are subject to any maximums identified for the covered services or supplies.

- frequency limitations

Unless otherwise specifically stated, frequency limitations or maximums expressed in years refer to 12-month periods and not calendar years.

Date of Incurral

For the purposes of all calculations made under this benefit provision, expenses for services and supplies are considered to be incurred when the person receives them.

BENEFIT PROVISIONS - HC

Deductibles	The deductible amounts are shown in the Table of Benefits.
- in-Canada prescription drugs	The deductible for prescription drug expenses incurred in Canada is applied as follows: <ol style="list-style-type: none">1. for injected drugs, each time an injection is given and a charge is made for the drug; and2. for all other drugs, to each prescription.
- other covered expenses	The deductibles for all other covered expenses are applied each calendar year. They are applied as expenses are incurred. No more than the individual deductible will apply to one person's expenses. No more than the family deductible will apply to expenses for an employee and his family.
• deductible carryover	The calendar year deductible is reduced by the amount of covered expenses: <ol style="list-style-type: none">1. that were incurred in October, November, or December of the previous year; and2. that were used to satisfy the calendar year deductible for that year.
- exception	The calendar year deductible amounts do not apply to certain coverages identified in the Table of Benefits.

BENEFIT PROVISIONS - HC

GENERAL LIMITATIONS

No benefits will be paid for:

1. expenses that private insurers are not permitted to cover by law.
2. services or supplies for which a charge is made only because the person has insurance coverage.
3. the portion of the expense for services or supplies that is payable by the government health plan in the person's home province, whether or not the person is actually covered under the government health plan.
4. any portion of services or supplies which the person is entitled to receive, or for which he 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.

5. services or supplies that do not represent reasonable treatment.
6. services or supplies associated with:
 - (a) treatment performed for cosmetic purposes only;
 - (b) recreation or sports rather than with other regular daily living activities;
 - (c) the diagnosis or treatment of infertility, except as may be provided under the prescription drug provision; or
 - (d) contraception, other than oral contraceptives.

BENEFIT PROVISIONS - HC

7. services or supplies associated with covered items, unless specifically listed as a covered expense.
8. extra medical supplies that function as spares or alternates.
9. services or supplies received outside Canada except as provided under the out-of-country emergency care and global medical assistance provisions.
10. services or supplies received out-of-province in Canada, unless:
 - (a) the person is covered by the government health plan in his home province or the government coverage replacement plan sponsored by the employer; and
 - (b) Great-West Life would have paid benefits for the same services or supplies if they had been received in the person's home province.

This limitation does not apply to global medical assistance.

11. expenses arising from war, insurrection, or voluntary participation in a riot.

A general limitation does not apply to coverage provided under this benefit provision that directly and specifically conflicts with that limitation. Where coverage is described only in general terms, a conflict is not considered to exist.

BENEFIT PROVISIONS

DENTALCARE BENEFITS FOR EMPLOYEES AND DEPENDENTS

ASSESSMENT RESPONSIBILITY

Great-West Life has full responsibility for the assessment of a person's entitlement to benefits.

ASSESSMENT STANDARD

All services and supplies covered under this benefit provision must represent reasonable treatment. Unless otherwise specified, dental treatment is assessed according to the Canadian Dental Association Uniform System of Coding and List of Services.

Reasonable Treatment

Treatment is considered reasonable if it is:

1. recognized by the Canadian Dental Association;
2. proven to be effective;
3. performed by a dentist or under a dentist's supervision, or performed by a denturist; and
4. of a form, frequency, and duration essential to management of the person's dental health.

BENEFIT PROVISIONS - DC

BASIC COVERAGE

Basic coverage is provided for the services described below.

Diagnostic Services

The following diagnostic services are covered:

- examinations
 1. one complete oral examination every 24 months.
 2. one recall examination, one limited oral examination or one specific examination, every 6 months.
 3. emergency examinations.
- radiographs
 4. complete series of intra-oral radiographs, once every 24 months.
 5. periapical radiographs.
 6. one panoramic radiograph every 24 months.
 7. one set of bite-wing radiographs every 6 months.
 8. occlusal radiographs.
- tests and laboratory reports
 9. microbiological, histological, and cytological tests.
 10. laboratory reports.
- limitation

No benefits will be paid for duplicate radiographs under this provision.

BENEFIT PROVISIONS - DC

Preventive Services

The following preventive services are covered:

- cleaning and fluoride
 1. cleaning teeth once every 6 months.
 2. topical application of fluoride once every 6 months.
- oral hygiene instruction
 3. oral hygiene instruction once in a person's lifetime.
- sealants
 4. pit and fissure sealants on bicuspid and permanent molars, once every 24 months.
- space maintainers
 5. space maintainers for missing primary teeth, limited to one space maintainer per space in a person's lifetime. Acid etched pontic type space maintainers are covered only when provided for missing central and lateral teeth.
- other services
 6. appliances for the control of harmful habits, including related observations, adjustments, repairs, alterations, and removal.

- time units

A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval.

Where coverage is limited by time units but fees are not described in terms of time units by either:

1. the fee guide in effect where treatment is rendered; or
2. the fee guide specified by this plan;

each incident of service is considered 1 time unit, regardless of its duration.

- limitations

No benefits will be paid for:

1. custom fluoride appliances.
2. audio-visual oral hygiene instruction.
3. nutritional counselling.

BENEFIT PROVISIONS - DC

Minor Restorative Services

The following minor restorative services are covered:

1. caries, trauma, and pain control.
2. amalgam and tooth-coloured fillings.
Replacement fillings are covered only if the existing filling is at least 12 months old or the existing filling was not covered under this plan. Coverage for bonded amalgam fillings is limited to the cost of non-bonded amalgam fillings.
3. retentive pins and prefabricated posts for fillings, limited to one set per tooth every 12 months.
4. stainless steel crowns. Replacement crowns are covered only if the existing crown is at least 12 months old and cannot be made serviceable.

Endodontic Services

Covered endodontic services include but are not limited to:

- root canal therapy

1. treatment of the pulp chamber.
2. root canal therapy for permanent teeth, limited to one course of treatment per tooth in a person's lifetime.
3. apexification.
4. periapical services.
5. retrofilling, once per tooth in a person's lifetime.

- limitations

No benefits will be paid for:

1. root canal therapy for primary teeth.
2. isolation of teeth.
3. enlargement of pulp chambers.
4. endosseous intra coronal implants.

BENEFIT PROVISIONS - DC

Periodontal Services

Covered periodontal services include but are not limited to:

1. desensitization, limited to a maximum of 4 time units in a calendar year.
2. scaling and root planing.
3. periodontal surgery, limited to a maximum of 4 surgeries in a calendar year.
4. treatment of periodontal abscess or pericoronitis, limited to a maximum of 2 time units per visit.
5. occlusal adjustment and equilibration, limited to a combined maximum of 8 time units in a calendar year.
6. periodontal appliances, limited to one appliance per arch (upper or lower) every 24 months.

- time units

A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval.

Where coverage is limited by time units but fees are not described in terms of time units by either:

1. the fee guide in effect where treatment is rendered; or
2. the fee guide specified by this plan;

each incident of service is considered 1 time unit, regardless of its duration.

- limitations

No benefits will be paid for:

1. topical application of antimicrobial agents.
2. subgingival periodontal irrigation.
3. charges for post surgical treatment.
4. periodontal splinting.
5. adjustments to periodontal appliances.
6. periodontal re-evaluations.

BENEFIT PROVISIONS - DC

Denture Maintenance

The following denture maintenance services are covered:

1. denture relines, rebases, and adjustments after the 6-month post-insertion care period has elapsed.
2. denture repairs after the 6-month post-insertion care period has elapsed.
3. addition of teeth to existing dentures.

Oral Surgery

Covered oral surgery includes but is not limited to:

1. removal of teeth.
2. surgical exposure of teeth.
3. the following procedures for remodelling and recontouring oral tissues:
 - (a) minor alveoplasty; and
 - (b) gingivoplasty and stomatoplasty.
4. surgical incisions.
5. surgical excision of tumors, cysts, and granulomas.
6. treatment of fractures, including related bone grafts to the jaw.
7. treatment of maxillofacial deformities, including related bone grafts to the jaw and cheiloplasty.

Palatal obturators, although not listed with oral surgery in the Canadian Dental Association Uniform System of Coding and List of Services, are also covered under this provision. Cleft palate obturators are not covered.

- limitations

No benefits will be paid for:

1. implantology.
2. surgical movement of teeth.
3. alveoplasty or gingivoplasty performed in conjunction with extractions.

BENEFIT PROVISIONS - DC

Adjunctive Services

The following adjunctive services are covered:

1. minor remedies for relief of dental pain when provided on an emergency basis.
2. therapeutic injections.
3. anesthesia required in relation to covered services. The provision of general anesthetic facilities, equipment, and supplies is covered only when a separate anesthetist is required.

- limitation

No benefits will be paid for hypnosis or acupuncture.

BENEFIT PROVISIONS - DC

MAJOR COVERAGE

Major coverage is provided for the services described below.

Crowns, Inlays, and Onlays

Crowns, inlays, and onlays are covered when a tooth has extensive structural loss that cannot be adequately restored using other procedures. The following crowns and related items are covered:

1. metal, plastic, porcelain, and ceramic crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns.
2. inlays and onlays. Coverage for tooth-coloured inlays or onlays on molars is limited to the cost of metal onlays.
3. posts, cores, and pins related to covered crowns.
4. copings related to covered crowns.
5. laboratory processed veneer applications.
6. repairs to covered tooth-coloured materials.
7. recementation of crowns, inlays, onlays, and veneers.

- replacements

Replacement crowns, inlays, onlays, veneers and related services are covered when the existing restoration is at least 12 months old and cannot be made serviceable.

- limitations

No benefits will be paid for:

1. veneers applied for cosmetic purposes.
2. temporary crowns.
3. recontouring existing crowns.
4. removal of crowns, inlays, onlays, and veneers.
5. staining porcelain.

- alternative benefits

If a crown, inlay, or onlay is provided when a tooth could have been adequately restored using other procedures, alternative benefits will be provided based on coverage for fillings.

BENEFIT PROVISIONS - DC

Dentures and Bridgework

The following appliances are covered when required to replace one or more teeth extracted while the person was insured for major coverage.

1. standard complete dentures.
2. standard cast or acrylic partial dentures.
3. complete overdentures or bridgework when standard complete or partial dentures are not viable treatment options. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics.

- replacements

Replacement appliances are also covered when the existing appliance is at least 60 months old and cannot be made serviceable. If the existing appliance is less than 60 months old, a replacement will still be covered if the existing appliance becomes unserviceable while the person is insured for major coverage as a result of:

1. the placement of an initial opposing appliance; or
2. the extraction of additional teeth. If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.

- limitation

No benefits will be paid for temporary dentures or bridgework.

- alternative benefits

- overdentures and bridgework

If overdentures or initial bridgework is provided when standard complete or partial dentures would have been a viable treatment option, alternative benefits will be provided based on coverage for:

1. in the case of overdentures, standard complete dentures.

BENEFIT PROVISIONS - DC

2. in the case of initial bridgework:
 - (a) a standard cast partial denture; and
 - (b) restoration of abutment teeth when required for purposes other than bridgework.

If additional bridgework is performed in the same arch within 60 months, alternative benefits will also be provided for the additional bridgework based on coverage for:

- (a) addition of teeth to a denture; and
- (b) restoration of abutment teeth when required for purposes other than bridgework.

- other specialized appliances

Alternative benefits will be provided for the following appliances based on coverage for standard dentures or bridgework:

1. equilibrated and gnathological dentures.
2. dentures with stress breaker, precision, and semi-precision attachments.
3. dentures with swing lock connectors.
4. partial overdentures.
5. dentures and bridgework related to implants.

Denture-Related Surgery

The following denture-related surgical services for remodelling and recontouring oral tissues are covered:

1. remodelling, excision, removal, reduction, or augmentation of the alveolar bone.
2. remodelling of the floor of the mouth.
3. vestibuloplasty.
4. reconstruction of the alveolar ridge.
5. extensions of mucous folds.
6. related surgical grafts.

Related stents, although not listed with denture-related surgery in the Canadian Dental Association Uniform System of Coding and List of Services, are also covered under this provision.

BENEFIT PROVISIONS - DC

Bridgework Maintenance

The following bridgework maintenance services are covered:

1. repairs to covered bridgework.
2. removal and recementation of bridgework.

BENEFIT PROVISIONS - DC

ORTHODONTIC COVERAGE	Orthodontics are covered for both children and adults.
Diagnostic Services	The following diagnostic services are covered: <ol style="list-style-type: none">1. orthodontic examinations.2. cephalometric radiographs.3. hand and wrist radiographs.4. diagnostic photographs.5. orthodontic diagnostic casts.
Treatment	Fixed and removable appliances for orthodontic treatment are covered. This includes related charges for observations, adjustments, repairs, alterations, removal, and retention.
Benefit Maximum	The maximum amount payable for orthodontics in a person's lifetime is shown in the Table of Benefits.
Limitation	No benefits will be paid for expenses covered under another group plan's extension of benefits.

BENEFIT PROVISIONS - DC

DENTAL ACCIDENT COVERAGE

Treatment of accidental injury to sound, natural teeth is covered under this provision when:

1. the accident occurs while the person is insured for this coverage; and
2. treatment starts within 90 days after the accident. This requirement is waived if a medical condition delays treatment beyond 90 days.

A sound tooth is any tooth that did not require restorative treatment immediately before the accident.

A natural tooth is any tooth that has not been artificially replaced.

Treatment resulting from accidental injury that does not qualify under this provision will be considered under the other dental coverage provisions on the same basis as treatment of dental defect or disease.

Coverage Criteria

Coverage for diagnostic, restorative, preventive, endodontic, periodontal, surgical, and adjunctive services under this provision is based on basic coverage provisions. Frequency limits on diagnostic services are waived.

Coverage for crowns, pontics, initial dentures, inlays, onlays, and bridgework under this provision is based on major coverage provisions. Time limits on coverage of replacements are waived.

BENEFIT PROVISIONS - DC

Limitations

No benefits will be paid for:

1. accidental damage caused by objects or food placed in the mouth.
2. treatment performed more than 12 months after the accident.
3. denture repair or replacement.
4. orthodontic diagnostic services or treatment, except when required for relocating teeth that are accidentally forced out of position or for splinting damaged teeth for stability.

BENEFIT PROVISIONS - DC

AMOUNT PAYABLE

Great-West Life pays for covered expenses:

1. that are incurred while the person is insured for them; and
2. that exceed the deductible.

Covered expenses are the lesser of actual expenses or customary charges for covered services and supplies.

- customary charges

Customary charges are the lowest of:

1. prices shown for a general practitioner in the dental fee guide identified in the Table of Benefits. Denturist fee schedules are applicable when services are provided by a denturist.
2. representative prices in the area where the treatment was provided.
3. maximum prices established by law.

- payment of benefits

Payment is made at the reimbursement level shown in the Table of Benefits. Benefits are subject to any maximums identified for the covered services or supplies and to the orthodontic lifetime maximum and the calendar year maximum for other dental expenses.

Date of Incurral

For the purposes of calculations made under this benefit provision, expenses other than orthodontic expenses are considered to be incurred when treatment is completed.

Orthodontic expenses are considered to be incurred on a periodic basis throughout the course of treatment.

BENEFIT PROVISIONS - DC

Deductibles

The deductible amounts shown in the Table of Benefits are applied each calendar year. They are applied as expenses are incurred. No more than the individual deductible will apply to one person's expenses. No more than the family deductible will apply to expenses for an employee and his family.

- deductible carryover

The calendar year deductible is reduced by the amount of covered expenses:

1. that were incurred in October, November, or December of the previous year; and
2. that were used to satisfy the deductible for that year.

- exception

The deductible amounts do not apply to dental accident expenses.

Calendar Year Maximum

The maximum amount payable under this benefit provision for all dental expenses incurred for one person in a calendar year, except those incurred for orthodontics or for treatment of accidental injury under the dental accident provision, is shown in the Table of Benefits.

Orthodontic expenses are subject to a separate lifetime maximum shown in the Table of Benefits. No maximum is applied to dental accident coverage.

BENEFIT PROVISIONS - DC

GENERAL LIMITATIONS

No benefits will be paid for:

1. expenses that private insurers are not permitted to cover by law.
2. services or supplies the person is entitled to without charge by law or for which a charge is made only because the person has insurance coverage.
3. services or supplies that do not represent reasonable treatment.
4. services or supplies associated with:
 - (a) treatment performed for cosmetic purposes only;
 - (b) congenital defects or developmental malformations in people 19 years of age or over, except orthodontics for children;
 - (c) temporomandibular joint disorders;
 - (d) vertical dimension correction; or
 - (e) myofacial pain.
5. expenses arising from war, insurrection, or voluntary participation in a riot.

A general limitation does not apply to coverage provided under this benefit provision that directly and specifically conflicts with that limitation. Where coverage is described only in general terms, a conflict is not considered to exist.

BENEFIT PROVISIONS

SHORT TERM DISABILITY INCOME BENEFITS FOR EMPLOYEES

ASSESSMENT RESPONSIBILITY

Great-West Life has full responsibility for the assessment of a person's entitlement to benefits.

DISABILITY

Short term disability income benefits under this policy are for disability periods that start while a person is insured.

Disability is assessed on the basis of the duties the person regularly performed for the employer before disability started. The person is considered disabled if, because of disease or injury, there is no combination of duties he can perform that regularly took at least 60% of his time at work to complete.

If disease or injury prevents a person from performing a duty, it will also be considered to prevent him from performing:

1. others that are performed only in order to complete that duty; and
2. others that can only be performed after that duty is completed.

DISABILITY PERIOD

A disability period is:

1. the waiting period; plus
2. the benefit period.

BENEFIT PROVISIONS - STD

WAITING PERIOD

The waiting period starts when the person first becomes disabled and lasts for the number of days shown in the Table of Benefits.

- accidental injury

A disability is considered to be caused by accidental injury only when:

1. it occurs as a direct result of an accident, independent of all other causes; and
2. it occurs within 30 days after the accident.

Otherwise, the disability is considered to be caused by disease.

BENEFIT PERIOD

A benefit period is:

1. the period of time after the waiting period during which the person is continuously disabled; plus
2. if the disability is not continuous, any period of time during which the disability is considered to be a recurrence.

A benefit period will not continue past the number of weeks shown in the Table of Benefits.

RECURRENCE

After the waiting period, a disability is considered a recurrence if it arises from the same disease or injury and starts before the person has completed 2 weeks of continuous re-employment at the same number of hours per week as he regularly worked for the employer before the disability started.

BENEFIT PROVISIONS - STD

INCOME BENEFITS

A disabled person is entitled to income benefits after the waiting period ends and for as long as the benefit period lasts. No income benefits are payable for the waiting period itself.

Amount Payable

The amount payable is the income benefit less the reductions, if any, required under the offset and rehabilitation incentive provisions.

- income benefit

The income benefit is shown in the Table of Benefits. All income benefits that are not even dollar amounts are rounded to the next higher dollar.

The income benefit is payable to the disabled person weekly in arrears. One seventh of the income benefit is payable for each day of any period less than a full week. Payments do not begin until the person is actually absent from work.

- other income

The income used in the offset and rehabilitation incentive provisions is the income payable for the same period as the income benefit under this policy.

All income is considered payable when a person is entitled to it, whether or not it has been awarded or received. If it has not been awarded, Great-West Life will have the right to estimate it according to the terms of any plans or legislation involved. If income is payable in a lump sum, the amount used will be the portion payable for loss of income during the benefit period.

- special treatment of taxable income

Before the amount payable is calculated, taxable income will be reduced by multiplying it by the ratio of the person's take-home pay to his weekly earnings. This does not apply to Canada or Quebec Pension Plan benefits.

- weekly earnings

Weekly earnings are 1/52 of annual earnings.

BENEFIT PROVISIONS - STD

- take-home pay

Take-home pay means the person's weekly earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums. The deductions are the amounts an employer would be required to withhold from a person's weekly earnings assuming:

1. his taxable income equals 52 times his weekly earnings;
2. his deductions equal those shown for his income level in the payroll deduction tables produced by Canada Customs and Revenue Agency and equivalent provincial tables; and
3. deductions for taxes reflect the benefit of personal tax credits, Canada and Quebec Pension Plan tax credits, and federal Employment Insurance tax credits.

Where a person's income level exceeds the maximum for Canada or Quebec Pension Plan deductions or federal Employment Insurance deductions, the Canada or Quebec Pension Plan contributions and federal Employment Insurance premiums used will be his annualized deductions divided by 52.

The tables and tax credits used are those in effect the day before the disability started.

BENEFIT PROVISIONS - STD

Offset Provision

The income benefit is reduced by the following income:

1. Disability benefits to which the person is entitled on his own behalf under:
 - (a) the Canada Pension Plan;
 - (b) the Quebec Pension Plan; or
 - (c) a plan in another country for which there is a reciprocal agreement with the Canada or Quebec Pension Plan;except for increases that take effect after the benefit period starts.
2. Benefits under any Workers' Compensation Act or similar law except for:
 - (a) permanent partial disability awards that were payable for each of the 12 months before a disability period; and
 - (b) benefits related to employment with another employer.
3. Loss of income benefits under a legislated automobile insurance plan, to the extent permitted by law.

Rehabilitation Incentive Provision

Earnings received from an approved rehabilitation plan are not used to reduce a person's income benefit unless those earnings, his income from this policy, and the income described under the offset provision would exceed 100% of his take-home pay. If it does, his income benefit is reduced by the amount in excess of 100%.

BENEFIT PROVISIONS - STD

VOCATIONAL REHABILITATION BENEFITS

Vocational rehabilitation involves a work-related activity or training strategy that:

1. is designed to facilitate a disabled person's return to his job or other gainful employment; and
2. is recommended or approved by Great-West Life.

In considering whether or not a rehabilitation proposal is appropriate, Great-West Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to employment.

- rehabilitation plan

To qualify as an acceptable rehabilitation plan, the goal must be:

1. to return the person to work in the same job;
2. to return the person to work in a modified job with the same employer; or
3. to return the person to work in a different job that capitalizes on transferable skills.

Participation Commitment

If a person does not participate or cooperate in a rehabilitation plan that has been recommended or approved by Great-West Life, he will no longer be entitled to income benefits.

Employment Income

Employment income earned during a rehabilitation plan will be considered under the rehabilitation incentive provision.

Limitation

Vocational rehabilitation benefits are only available while the person is entitled to income benefits.

BENEFIT PROVISIONS - STD

MEDICAL COORDINATION BENEFITS

Medical coordination is a care coordination process that:

1. is designed to provide cost effective, quality care; and
2. is recommended or approved by Great-West Life.

In considering whether or not a medical coordination program is appropriate, Great-West Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

Great-West Life covers the following services, when considered appropriate:

1. initial diagnosis and treatment program assessment.
2. consultation with the disabled person, members of the person's family, and the attending physician to gain further understanding of the treatment program and its goals.
3. comparison of the person's current treatment program with generally accepted treatment standards for similar conditions and, where suitable, follow up identified alternatives with the attending physician.
4. referral to a physician specialist contracted with the medical coordination network for diagnostic assessment.
5. monitoring and coordination of care throughout the disability period to determine treatment plan updates to meet employee health care needs.

BENEFIT PROVISIONS - STD

6. referral to professionals or facilities outside the medical coordination network for diagnosis or treatment. Services provided by these outside sources are covered only to the extent that benefits may be payable under the expense benefit provision.

Participation Commitment

If a person does not participate or cooperate in a medical coordination program that has been recommended or approved by Great-West Life, he will no longer be entitled to income benefits.

Expense Benefit

Great-West Life will pay for reasonable expenses associated with medical rehabilitation services and facilities.

The maximum expense benefit during a disability period will be 13 times the person's income benefit.

Expenses claimed under this provision must be pre-authorized by Great-West Life.

No benefits will be paid for any portion of the expense for which benefits are payable under a government plan.

Limitations

Medical coordination benefits are only available while the person is entitled to income benefits. Great-West Life will not cover medical coordination services after the person has returned to work, unless he is receiving vocational rehabilitation benefits.

BENEFIT PROVISIONS - STD

GENERAL LIMITATIONS

- reasonable and customary treatment

No benefits will be paid for:

1. any period preceding the date the person is first treated by a legally licensed doctor of medicine or in which he does not participate or cooperate in a reasonable and customary treatment program.

A reasonable and customary treatment program is systematic treatment that:

- (a) is performed or prescribed by a legally licensed doctor of medicine; and
- (b) is of the nature and frequency usually required for the condition involved.

Where considered appropriate by Great-West Life for the severity of the condition, the treatment must be prescribed by and, if appropriate, performed or supervised by a certified specialist for the condition involved.

If substance abuse contributes to a person's disability, the treatment program must include participation in a recognized substance withdrawal program.

- rehabilitation plans

2. any period after the person fails to participate or cooperate in a rehabilitation plan that has been recommended or approved by Great-West Life.

- medical coordination

3. any period after the person fails to participate or cooperate in a medical coordination program that has been recommended or approved by Great-West Life.

BENEFIT PROVISIONS - STD

- leave of absence, lay-off
 - employment
 - cosmetic treatment
 - prison confinement
 - war, insurrection, riots
4. the scheduled duration of a leave of absence or lay-off. A leave of absence is considered to start on the date agreed upon by the employee and the employer.

This exclusion does not apply to any portion of a period of maternity leave during which the person is disabled as a result of pregnancy. If a child is born before a period of maternity leave is scheduled to start, the leave is considered to start on the date of birth.
 5. any period of employment, except in an approved rehabilitation plan.
 6. disability resulting from or associated with treatment performed for cosmetic purposes only.
 7. a period of confinement in a prison or similar institution.
 8. disability arising from war, insurrection or voluntary participation in a riot.

BENEFIT PROVISIONS

LONG TERM DISABILITY INCOME BENEFITS FOR EMPLOYEES

ASSESSMENT RESPONSIBILITY

Great-West Life has full responsibility for the assessment of a person's entitlement to benefits.

DISABILITY

The benefits under this policy are for disability periods that start while a person is insured.

During the Initial Assessment Period

During the initial assessment period, which consists of the waiting period plus the next 24 months of disability, a person is considered disabled if:

1. disease or injury prevents him from performing the essential duties of his regular occupation; and
2. except for any employment under an approved rehabilitation plan, he is not employed in any occupation that is providing him with income equal to or greater than the income benefit available under this plan, as shown in the Table of Benefits.

BENEFIT PROVISIONS - LTD

After the Initial Assessment Period

After the initial assessment period, a person is considered disabled if disease or injury prevents him from being gainfully employed.

- gainful employment

Gainful employment means work:

1. a person is medically able to perform;
2. for which he has at least the minimum qualifications;
3. that provides income of at least 50% of his monthly earnings; and
4. that exists either in the province or territory where he worked when he became disabled or where he currently lives.

The availability of work will not be considered in assessing disability.

Loss of License

Loss of any license required for work will not be considered in assessing disability.

BENEFIT PROVISIONS - LTD

DISABILITY PERIOD

A disability period is:

1. the waiting period; plus
2. the benefit period.

WAITING PERIOD

The waiting period starts when the person first becomes disabled and lasts, if disability is continuous, for 119 days.

If disability is not continuous, the days the person is disabled will be accumulated to satisfy the waiting period as long as:

1. no interruption is longer than 2 weeks; and
2. the disabilities arise from the same disease or injury.

BENEFIT PROVISIONS - LTD

BENEFIT PERIOD

A benefit period is:

1. the period of time after the waiting period during which the person is continuously disabled; plus
2. if the disability is not continuous, any period of time during which the disability is considered to be a recurrence.

A benefit period will not continue past a person's 65th birthday.

RECURRENCE

After the waiting period, a disability is considered a recurrence if it arises from the same disease or injury and starts:

1. within 6 months after the previous disability ends; or
2. within 6 months after the end of an approved rehabilitation plan.

BENEFIT PROVISIONS - LTD

INCOME BENEFITS

A disabled person is entitled to income benefits after the waiting period ends and for as long as the benefit period lasts. No income benefits are payable for the waiting period itself.

Amount Payable

The amount payable is the income benefit shown in the Table of Benefits less the reductions, if any, required under the offset and all source maximum provisions. The income benefit is payable to the disabled person monthly in arrears. One thirtieth of the income benefit is payable for each day of any period less than a full month.

At Great-West Life's discretion, the income benefit may be paid more frequently than monthly, on a pro-rated basis.

- other income

The income used in the offset and all source maximum provisions is the income payable for the same period as the income benefit under this policy.

Except for retirement benefits, all income is considered payable when a person is entitled to it, whether or not it has been awarded or received. If it has not been awarded, Great-West Life will have the right to estimate it according to the terms of any plans or legislation involved. Retirement benefits are considered payable when they are actually received.

If income is payable in a lump sum, the amount used will be the portion payable for loss of income during the benefit period.

- special treatment of taxable income

Before the amount payable is calculated, taxable income will be reduced by the deductions specified under this plan's take-home pay definition. This does not apply to Canada Pension Plan or Quebec Pension Plan benefits or to benefits from a similar plan in another country which has a reciprocal agreement with Canada or Quebec.

BENEFIT PROVISIONS - LTD

- monthly earnings Monthly earnings are 1/12 of annual earnings.
- take-home pay Take-home pay means the person's monthly earnings less deductions for federal and provincial income taxes, Canada and Quebec Pension Plan contributions, and federal Employment Insurance premiums.

BENEFIT PROVISIONS - LTD

Offset Provision

Under this provision, the person's income benefit is reduced by the following income:

1. Disability or retirement benefits to which he is entitled on his own behalf under:
 - (a) the Canada Pension Plan;
 - (b) the Quebec Pension Plan; or
 - (c) a similar plan in another country which has a reciprocal agreement with Canada or Quebec.

This does not include retirement benefits that were payable for each of the 12 months before a disability period.

2. Benefits under any Workers' Compensation Act or similar law except for:
 - (a) permanent partial disability awards that were payable for each of the 12 months before a disability period; and
 - (b) benefits related to employment with another employer.
3. Employer sponsored short term disability or sick leave benefits.
4. Loss of income benefits under an automobile insurance plan, to the extent permitted by law.
5. 50% of earnings received from an approved rehabilitation plan.

BENEFIT PROVISIONS - LTD

All Source Maximum Provision

Under this provision, the person's income benefit is reduced if the total of the following income and the income benefit exceeds 85% of his take-home pay. If it does, his income benefit is reduced by the amount in excess of 85%.

1. Benefits to which another member of his family is entitled on the basis of his disability under:
 - (a) the Canada Pension Plan;
 - (b) the Quebec Pension Plan; or
 - (c) a similar plan in another country which has a reciprocal agreement with Canada or Quebec.

Benefits payable directly to the family member are not included.

2. Loss of income benefits available through legislation to which he or another member of his family is entitled on the basis of his disability, except for Employment Insurance benefits and automobile insurance benefits.
3. The wage loss portion of any criminal injury award, except for awards that included the long term disability income benefits available under this plan in the calculation of the award.
4. Disability benefits under a plan of insurance available through an association, except for benefits that were payable for each of the 12 months before a disability period.

BENEFIT PROVISIONS - LTD

5. Employment income, disability benefits, or retirement benefits related to any employment, except for:
 - (a) disability benefits that are prepayments of life insurance.
 - (b) benefits from retirement plans to which an employer has not contributed.
 - (c) any amount that is related to employment other than with the employer and that was payable for each of the 12 months before a disability period. All employment income, disability benefits, and retirement benefits resulting from the same employment are considered together in satisfying the 12-month condition as long as there is no interruption from one to the other. Waiting periods for disability benefits do not count as interruptions.
 - (d) employer sponsored short term disability or sick leave benefits.
 - (e) income from an approved rehabilitation plan. This income is considered under the offset and rehabilitation incentive provisions.

Termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are considered employment income under this provision.

- commission income

If income under this provision is payable on a commission basis, the income used will not be reduced by commission related expenses.

BENEFIT PROVISIONS - LTD

- disability income during recurrence

If disability is a recurrence, employment related disability benefits that become payable after the disability period starts will be included under the offset provision rather than under this all source maximum provision.

Rehabilitation Incentive Provision

Earnings received from an approved rehabilitation plan are not used to reduce a person's income benefit unless 50% of those earnings, his income from this policy, and the income described under the offset and all source maximum provisions would exceed 100% of his take-home pay. If it does, his income benefit is reduced by the amount in excess of 100%.

BENEFIT PROVISIONS - LTD

INFLATION PROTECTION

The following provisions provide inflation protection.

Assessment

In assessing a person's ability to be gainfully employed, Great-West Life will multiply his monthly earnings by the Consumer Price Index factor.

Recalculation

The amount payable will be recalculated for inflation protection 1 year after the start of the benefit period and annually after that. On those dates:

1. the then current amount payable will be multiplied by the Cost-of-Living Adjustment factor; and
2. the following amounts will be multiplied by the Consumer Price Index Factor:
 - (a) the all source maximum for purposes of recalculating the income benefit; and
 - (b) the income limits under the all source maximum and rehabilitation incentive provisions.

Other Income

When the amount payable is recalculated, cost-of-living increases in the income described under the offset and all source maximum provisions, that take effect after the benefit period starts, are not included as income subject to the offset, all source maximum and rehabilitation incentive provisions.

This provision does not apply to earnings received from an approved rehabilitation plan.

BENEFIT PROVISIONS - LTD

Consumer Price Index Factor	The Consumer Price Index factor for an assessment or recalculation date is the ratio of the Consumer Price Index as of 3 months before that date, to the Consumer Price Index as of 3 months before the start of the benefit period.
Changes to the Consumer Price Index	If there is a change in the method of calculating the Consumer Price Index: <ol style="list-style-type: none">1. the Consumer Price Index will be used for the period preceding the change; and2. an appropriate measure of inflation will be used for the period after the change.
Cost-of-Living Adjustment Factor	The Cost-of-Living Adjustment factor for a recalculation date is the lesser of: <ol style="list-style-type: none">1. 3%; and2. the ratio of the Consumer Price Index as of 3 months before that date, to the Consumer Price Index as of 15 months before that date.
Consumer Price Index	The Consumer Price Index means the all-item Consumer Price Index for Canada (not seasonally adjusted).

BENEFIT PROVISIONS - LTD

VOCATIONAL REHABILITATION

Vocational rehabilitation involves a work related activity or training strategy that:

1. is designed to facilitate a disabled person's return to his job or other gainful employment; and
2. is recommended or approved by Great-West Life.

In considering whether to recommend or approve a rehabilitation proposal, Great-West Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

The goal of a rehabilitation plan must be:

1. to return the person to work in the same job;
2. to return the person to work in a modified job with the same employer; or
3. to return the person to work in a different job that capitalizes on transferable skills.

Participation Commitment

If a person does not participate or cooperate in a rehabilitation plan that has been recommended or approved by Great-West Life, he will no longer be entitled to income benefits.

Time Commitment

The duration of a rehabilitation plan must be approved by Great-West Life. Once approved, a person's benefit period is guaranteed for that duration as long as he continues to participate and cooperate in the plan.

Employment Income

Employment income earned during a rehabilitation period will be considered under the offset and rehabilitation incentive provisions.

BENEFIT PROVISIONS - LTD

Expense Benefit

Reasonable expenses associated with a rehabilitation plan, other than usual employment expenses, may be paid for by Great-West Life at its discretion.

Expenses claimed under this provision must be pre-authorized by Great-West Life.

Limitation

Vocational rehabilitation benefits are only available while the person is entitled to income benefits.

BENEFIT PROVISIONS - LTD

MEDICAL COORDINATION

Medical coordination is a program that:

1. is designed to provide cost effective, quality care;
2. is designed to facilitate medical stability; and
3. is recommended or approved by Great-West Life.

In considering whether to recommend or approve a medical coordination program, Great-West Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

A medical coordination program may include the following services:

1. consultation with the disabled person, members of the person's family, and the attending physician to gain further understanding of the treatment plan and its goals.
2. comparison of the person's current treatment plan with generally accepted treatment standards for similar conditions and, where suitable, follow up identified alternatives with the attending physician.
3. referral to professionals, including physician specialists, or facilities, for diagnosis or treatment.

Participation Commitment

If a person does not participate or cooperate in a medical coordination program that has been recommended or approved by Great-West Life, he will no longer be entitled to income benefits.

BENEFIT PROVISIONS - LTD

Expense Benefit

Reasonable expenses associated with a medical coordination program may be paid for by Great-West Life at its discretion.

Expenses claimed under this provision must be pre-authorized by Great-West Life.

No benefits will be paid for any portion of the expense for which benefits are payable under a government plan.

Limitations

Medical coordination benefits are only available while the person is entitled to income benefits. Great-West Life will not cover medical coordination services after the person has returned to work, unless he is receiving vocational rehabilitation benefits.

BENEFIT PROVISIONS - LTD

GENERAL LIMITATIONS

- pre-existing conditions

No benefits will be paid for:

1. disability arising from a disease or injury for which the person obtained medical care before he became insured. Medical care is considered to be obtained when he consults a doctor, uses medication on the advice of a doctor, or receives other medical services or supplies.

This exclusion does not apply if disability starts after:

- (a) he has been continuously insured for 1 year; or
- (b) he has not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date his insurance took effect.

- reasonable and customary treatment

2. any period in which the person does not participate or cooperate in a reasonable and customary treatment program.

A reasonable and customary treatment program is systematic treatment that:

- (a) is performed or prescribed by a legally licensed doctor of medicine; and
- (b) is of the nature and frequency usually required for the condition involved.

Where considered appropriate by Great-West Life for the severity of the condition, the treatment must be prescribed by and, if appropriate, performed or supervised by a certified specialist for the condition involved.

If substance abuse contributes to a person's disability, his treatment program must include participation in a recognized substance withdrawal program.

BENEFIT PROVISIONS - LTD

- other disability benefits
 - rehabilitation plans
 - medical coordination
 - medical/vocational assessments
 - leave of absence
 - absence from Canada
3. any period after the person fails to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Great-West Life.
 4. any period after the person fails to participate or cooperate in a rehabilitation plan that has been recommended or approved by Great-West Life.
 5. any period after the person fails to participate or cooperate in a medical coordination program that has been recommended or approved by Great-West Life.
 6. any period after the person fails to participate or cooperate in a medical or vocational assessment required by Great-West Life.
 7. the scheduled duration of a leave of absence. A leave of absence is considered to start on the date agreed upon by the employee and the employer.

This exclusion does not apply to any portion of a period of maternity leave during which the person is disabled as a result of pregnancy. If a child is born before a period of maternity leave is scheduled to start, the leave is considered to start on the date of birth.
 8. any period in which the person is outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Great-West Life pre-authorized the absence prior to the person's departure.

BENEFIT PROVISIONS - LTD

- incarceration, confinement, imprisonment
 - war, insurrection, riots
9. any period of incarceration, confinement, or imprisonment by authority of law.
 10. disability arising from war, insurrection or voluntary participation in a riot.

CLAIM PROVISIONS

NOTICE OF DISABILITY CLAIM

The following provisions describe Great-West Life's notice of disability claim requirements.

- life waiver of premium claims

Great-West Life will not be liable for life insurance waiver of premium claims for which initial notice of the qualifying disability is submitted more than 6 months after the earlier of:

1. the end of the period following the date the employee was last actively at work equal to the waiver of premium waiting period; and
2. the date this policy terminates.

A qualifying disability is one that satisfies the definition of disability under this policy's life insurance waiver of premium benefit.

- STD and LTD claims

To permit prompt assessment, initial notice of a disability income claim should be submitted to Great-West Life no later than 10 days after disability starts.

Great-West Life will not be liable for disability income claims for which initial notice is submitted more than 3 months after the earlier of:

1. the end of the waiting period; and
2. the date this policy terminates.

CLAIM PROVISIONS

PROOF OF CLAIM

The following provisions describe Great-West Life's proof of claim requirements.

- death benefits
Death benefits under this policy will be paid only after Great-West Life has received satisfactory proof that payment is due.
- life waiver of premium benefits
Life insurance waiver of premium benefits under this policy will only be approved for periods for which Great-West Life has received satisfactory proof that the employee is entitled to benefits.
- dismemberment and specific loss benefits
Dismemberment and specific loss benefits under this policy will be paid only after Great-West Life has received satisfactory proof that payment is due.
- disability income benefits
Disability income benefits under this policy will only be payable for periods for which Great-West Life has received satisfactory proof that the employee is entitled to benefits.
- health and dental benefits
Healthcare and dentalcare benefits under this policy will only be paid for expenses for which Great-West Life has received satisfactory proof that payment is due. For dentalcare benefits, proof must include pre-treatment radiographs and study models when required by Great-West Life.
- claimant responsibility
The claimant must provide information required to prove his entitlement to benefits and must also authorize Great-West Life to obtain information from other sources for this purpose.
- time limits
Whenever Great-West Life requests information or authorization on a disability claim, it must be submitted within the following time limits:
 1. 3 months for a disability income claim; or
 2. 6 months for a life insurance waiver of premium claim.

CLAIM PROVISIONS

If it is not submitted within this time, Great-West Life will not be liable for any further benefits.

Great-West Life will not be liable for dismemberment or specific loss benefits for which proof is submitted more than 15 months after the date of the loss.

Great-West Life will not be liable for healthcare or dentalcare expenses that are submitted more than 15 months after the services or supplies are provided.

NOTICE OF DISABILITY ASSESSMENT

Great-West Life will give the employee a written notice of assessment on a life insurance waiver of premium claim or a disability income claim showing:

1. whether or not benefits have been approved;
2. whether or not further information is required; and
3. if benefits have not been approved, the reasons for denial and the procedures the employee may follow to appeal.

PRE-DETERMINATION OF DENTALCARE BENEFITS

To determine the extent of benefits provided under this policy, it is recommended that a person submit a treatment plan to Great-West Life before having dental treatment that will cost \$200 or more.

On receipt of the treatment plan, Great-West Life will advise the person of the estimated amount payable under this policy. This pre-determination of benefits is only valid for 90 days.

CLAIM PROVISIONS

- treatment plan

A treatment plan must contain the dentist's confirmation of:

1. the recommended treatment for complete correction of the person's condition;
2. the approximate date of completion; and
3. the estimated cost.

CONCURRENT DRUG UTILIZATION REVIEW

In-Canada claims for covered drugs submitted electronically to Emergis Inc. are subject to concurrent drug utilization review at point-of-sale to determine if:

1. an adverse interaction is possible between a prescribed drug and another drug already being taken by the patient;
2. a prescribed drug may be harmful to a patient who is a child or a senior;
3. a refill prescription is being filled too early or too late;
4. a prescribed drug contains ingredients in the same therapeutic class as another drug currently being taken or that has recently been taken and the ingredients remain active in the patient's system;
5. the prescribed therapy duration falls outside the drug manufacturer's recommended minimum and maximum limits;
6. the prescribed daily dosage of a drug falls outside the age band limits established by the drug manufacturer;

CLAIM PROVISIONS

7. a prescribed drug is intended solely for the use of a member of the opposite gender to that of the patient.

Based on the outcome of the review, a pharmacist may refuse to dispense the drug as prescribed.

- exceptions

Claims for covered drugs are not subject to concurrent drug utilization review if:

1. the drugs are dispensed at a pharmacy that is not properly equipped to provide the service; or
2. the drugs are extemporaneous preparations or compounds.

- disclaimer

Neither Great-West Life nor Emergis makes any guarantees, representations or warranties about the accuracy or completeness of the patient information provided for the concurrent drug utilization review or about the review results nor are they liable for any decision made by a pharmacist as a result of the review process.

PAYMENT OF MEDICAL/DENTAL CLAIMS

Healthcare and dental care benefits will be issued to the employee unless:

1. they are prescription drug benefits for drug claims submitted through the electronic claims system established by Emergis Inc. In this case, benefits will be issued to Emergis.
2. the employee chooses to assign benefits to the provider of service. This method of payment is valid only if assignments to the provider of service are acceptable according to Great-West Life's administrative practices at the time of claim.

CLAIM PROVISIONS

OVERPAYMENT

If a person's benefits are overpaid he is responsible for repayment within 6 months, or within a longer period if agreed to by Great-West Life. If he fails to fulfill this responsibility, further benefits will be withheld until the overpayment is recovered. This does not limit Great-West Life's right to use other legal means to recover the overpayment.

SUBROGATION AND RIGHT OF RECOVERY

Where permitted by law, Great-West Life has full rights of subrogation with respect to damages for loss of income when responsibility for a person's disability may be attributable to another party. Great-West Life also has the right to recover from the person any benefits paid under this policy for loss of income for which he has been indemnified by the other party. However, Great-West Life has no obligation under this policy to exercise its rights of recovery and subrogation.

LEGAL ACTIONS

No legal action to recover benefits under this policy can be introduced:

1. for 60 days after notice of claim is submitted; or
2. more than 2 years after a benefit has been denied.

- exception

This provision does not apply to life insurance.

CLAIM PROVISIONS

COORDINATION OF BENEFITS

Healthcare and dentalcare benefits are coordinated when other similar coverage is available.

Government Plans

When reimbursement is available under a government plan, each covered expense is reduced by the amount payable under that plan. The reduced covered expense is then considered to be the covered expense under all other coordination provisions. It is subject to any applicable deductible, reimbursement level, and maximum under this plan.

Government plans are plans that are legislated, funded, or administered by a government. Group plans for government employees are not included.

Group Plans

- secondary plan

The amount payable is reduced when this plan is secondary to another group plan. The reduction is the amount by which total payments under all group plans would exceed eligible expenses. An eligible expense is that portion of a customary charge for reasonable treatment for which coverage is provided under this plan.

When payments are reduced, each benefit is reduced proportionately. Only the reduced benefit amount is applied to any payment maximum.

Group plans are plans that are available only to members of particular groups and not to the general public. Student accident plans are not considered group plans.

A secondary plan is one that determines its benefits after another plan.

CLAIM PROVISIONS

- employee coverage

A plan determines its benefits first if it covers the person as an employee. If he is covered as an employee under more than one plan, the plans are prioritized in the following order:

 1. the plan covering him as an active, full-time employee;
 2. the plan covering him as an active, part-time employee;
 3. the plan covering him as a retiree.

- dependent coverage

A plan is secondary if it covers the person as a dependent. If he is covered as a dependent of more than one person, the plans are prioritized in the following order:

 1. the plan covering him as a dependent spouse;
 2. the plan covering him as a dependent child of the parent with the earlier birthday in the calendar year;
 3. the plan covering him as a dependent child of the parent whose first name begins with the earlier letter in the alphabet, if both parents have the same birthday.

If the parents are separated or divorced, the plans under which benefits for the child are determined are prioritized in the following order:

 1. the plan of the parent with custody of the child;
 2. the plan of the spouse of the parent with custody of the child;
 3. the plan of the parent without custody of the child;
 4. the plan of the spouse of the parent without custody of the child.

- dental accidents

In the case of dental accidents, dental plans are secondary to health plans with dental accident coverage.

CLAIM PROVISIONS

- benefits paid under another plan
If benefits have already been paid under another group plan, this plan is automatically secondary.
- prorated benefits
If these rules do not establish an order of benefit determination, or another plan has different rules, benefits will be prorated between plans in proportion to the amounts available before coordination.
- coordination within this plan
Coordination of benefits will also take place within this plan if:
 1. a person is covered as both an employee and a dependent under this plan; or
 2. a person is covered as a dependent of two employees under this plan.
- capitation plans
If other coverage is available under a capitation plan, benefits will be coordinated according to guidelines prepared by the Canadian Life and Health Insurance Association.

Other Sources

The amount payable is also reduced when this plan is secondary to sources other than government and group plans. The reduction is the amount by which total payments from all sources would exceed covered expenses. When payments are reduced, each benefit is reduced proportionately. Only the reduced benefit amount is applied to any payment maximum.

This plan is considered secondary only if payment has already been made by the other source.

Right to Release or Receive Information

Great-West Life may release or receive information required for coordination of benefits without specific authorization.

GENERAL PROVISIONS

CURRENCY

All money payable under this policy will be in Canadian funds.

FURNISHING OF INFORMATION: ACCESS TO RECORDS

Upon request, the Group Policyholder must forward to Great-West Life:

1. required information on the eligibility of employees;
2. employee applications;
3. details relating to changes in insurance; and
4. information required for assessment of claims, including job information.

Great-West Life has the right to inspect the Group Policyholder's records relating to employees' insurance. Inspections can take place while this policy is in force and during the first year after it terminates.

For disability income claim assessments, Great-West Life has the right to have representatives visit an employee's worksite to obtain information about his job.

All requests, notices, applications, and claims must be made to Great-West Life in writing.

Great-West Life will not be liable for the Group Policyholder's failure to supply required information or records.

GENERAL PROVISIONS

MEDICAL, DENTAL, AND VOCATIONAL ASSESSMENTS

Great-West Life has the right to conduct necessary investigations relating to applications or claims, and to obtain independent medical, dental, or vocational assessments if required. Great-West Life must also be given the opportunity to examine the person for whom an application or claim is made as often as it may reasonably require during the course of an investigation or assessment.

Great-West Life will not assume the cost of assessment or investigation in connection with a late application. Great-West Life may assume the cost of other assessments or investigations according to its administrative practices at the time of application or claim.

MISSTATEMENT OF AGE

Great-West Life may request proof of a person's age at any time. If his age has been misstated, entitlement to insurance and benefits will be determined according to his true age.

If premiums have been underpaid for a person's true age, a retroactive adjustment must be paid by the Group Policyholder before any benefits will be paid or continued.

If premiums have been overpaid for a person's true age, Great-West Life will pay or credit a retroactive adjustment to the Group Policyholder.

GENERAL PROVISIONS

DISCLOSURE PROVISIONS

1. This policy will be available through the Group Policyholder for review by employees. Great-West Life, at its discretion, may release a copy of this policy in order to settle claims.
2. If asked to do so within 2 years after notification of a decision concerning insurance or benefits, Great-West Life will disclose to the employee the name of each person or organization that provided information concerning his application or claim.
3. If an employee submits written authorization from a person or organization that provided medical information, Great-West Life will disclose the information to the employee or, at Great-West Life's discretion, to the employee's doctor.
4. Great-West Life may, without specific authorization, disclose information about a person's claim to another insurer or benefits administrator if:
 - (a) the information could be relevant to assessment of the claimant's entitlement to other benefits for the same period of time; and
 - (b) the information is given in confidence with the stipulation that it may not be released to another party.

GENERAL PROVISIONS

APPEALS

A person has the right to appeal a denial of all or part of the insurance or benefits described in this policy as long as he does so within 2 years after the denial. An appeal must be in writing and must include the person's reasons for believing the denial to be incorrect.

CONFORMITY TO LEGISLATION

If this policy does not conform to legislation that governs it, it is considered automatically amended to comply with the minimum requirements of that legislation.

NON-PARTICIPATING

This is a non-participating policy.

ASSIGNMENT OF LIFE INSURANCE

An employee may not assign his life insurance under this policy.

GENDER

The words he, him and his refer to both genders.

REPRESENTATION AND NOTICE

The Group Policyholder's actions will bind an affiliated company. Notice given to the Group Policyholder is considered notice given to an affiliated company.

GENERAL PROVISIONS

ANNUAL EARNINGS

Annual earnings is the current annual salary paid by the employer. For disability benefits, annual earnings will be those in effect at the start of the disability period.

- overtime and bonuses

Overtime and bonuses are included for short term disability income benefits to the extent required by the Employment Insurance Act of Canada (EIC). No other overtime or bonus earnings are included.

- commissions

Commission earnings are based on the average commissions received over the last 24 months or the period of commissioned employment with the employer, if less. Commission earnings for short term disability income benefits will not be less than the amount required by EIC. For long term disability income benefits, commission related expenses deductible for income tax purposes during the earnings calculation period are not included.

- hourly-paid employees

If an hourly-paid employee's hours vary, his earnings are calculated using the average number of hours worked in the last 12 months and the current hourly rate of pay. If he has worked less than 12 months for the employer, the hours are averaged over the period of employment.

- earnings limitation

If there is a difference between the actual annual earnings and those reported by the employer for premium purposes, the lesser of the 2 amounts will be considered the annual earnings amount under this policy. In no event will earnings used to calculate an employee's short term disability income benefits be less than the amount required by EIC.

For long term disability income benefits, this limitation will not apply in assessing a person's ability to be gainfully employed.

PREMIUM PROVISIONS

PAYMENT

The first premium is due on the effective date of this policy. After that, premiums are due on the first day of each month. Premiums must be paid by the Group Policyholder at Great-West Life's Head Office. Premiums not paid on time will be in default.

GRACE PERIOD

After the first premium has been paid, 31 days of grace are allowed to pay a premium in default. During this time the policy will stay in force. If the premium is not paid by the end of the days of grace this policy will terminate. The Group Policyholder is liable for a pro rata premium for the time this policy is in force during the grace period and for all other unpaid premiums.

CALCULATION: PREMIUM RATE

The amount of each premium is the sum of the premiums for each insured employee calculated at the rate last set by Great-West Life.

- waiver of premium

No life insurance premium is payable for an employee during a disability waiver of premium benefit period.

No premium is payable for an employee's long term disability income insurance during a disability benefit period or, if he is not at work after the benefit period ends, for another 31 days.

- premium payment not a guarantee of coverage

Payment of premium will not cause insurance to take effect or continue if it would not do so according to this policy's insuring provisions.

ADJUSTMENTS

The premium will be adjusted retroactively to reflect changes in insurance amounts. Credits will be given only for the 4 months preceding receipt of notice.

PREMIUM PROVISIONS

RATE CHANGES

- renewal changes

Great-West Life can change the premium rates on the first day of any month. Written notice will be sent to the Group Policyholder before a change is made. Once a change is made, Great-West Life cannot make another renewal change for 12 months or such other period as may be agreed to by the Group Policyholder.

- other changes

A rate change can be made at any time if:

1. the policy provisions are changed at the request of the Group Policyholder.
2. the introduction, revision, or repeal of a government law or regulation results in a change in:
 - (a) the benefits payable under this policy; or
 - (b) taxes payable to a government authority.
3. there is a change in the number of employees insured under this policy that exceeds 25% since the last renewal change.
4. the benefits payable under this policy are affected by a change in:
 - (a) a government dental, health, or hospital plan or practice;
 - (b) hospital rates;
 - (c) the Compendium of Pharmaceuticals and Specialties; or
 - (d) the Canadian Dental Association Uniform System of Coding and List of Services.

TERMINATION OF THE POLICY

The Group Policyholder may terminate this policy by giving written notice to Great-West Life. Termination by the Group Policyholder will take effect on the later of:

1. the date of termination stated in the written notice; and
2. the date Great-West Life receives the written notice.

Great-West Life may terminate this policy at any renewal date by giving written notice of termination to the Group Policyholder at least 31 days in advance.

This policy will automatically terminate if a premium in default is not paid by the end of the grace period for that premium.

TRANSFER PROVISIONS

Transfer of Insurance

The following provisions apply when insurance for any class of employees takes effect under this policy during the 31 days after similar insurance coverage ends for that class under another group insurance policy.

1. Any person who was covered in the terminating class under the other policy when insurance for that class ended will be insured on the effective date of insurance for that class under this policy, as long as he is then an insurable employee.
 2. Any disabled person whose life insurance disability period began while he was insured under the other policy will be considered the other policy's liability for life insurance.
 3. Any person whose coverage has not been interrupted will be entitled to long term disability income benefits under this policy for a pre-existing condition if:
 - (a) no benefits are payable for that condition under the other policy because of termination of insurance for the employee's class under that policy; but
 - (b) benefits would have been payable under the other policy if insurance for the terminating class had remained in force.
 4. If the person's coverage has not been interrupted, the period of insurance used in assessing his entitlement to benefits under this policy for hospital or nursing care or for dentures or bridgework is considered to start on the date he last became insured for the same benefit under the other policy.
- life insurance disability benefits
 - LTD pre-existing condition
 - benefits for hospital, nursing, dentures or bridgework

TRANSFER PROVISIONS

If this provision entitles the person to benefits that would not otherwise have been payable under this policy, Great-West Life will assess his benefit entitlement under each policy. The amount payable will be determined according to the policy providing the lesser benefits. No benefits will be paid under this provision if:

- (a) no benefits would have been paid under the other policy had insurance for the terminating class remained in force; or
- (b) benefits are payable under the other policy after termination of insurance.

No benefits will be paid under this policy for that portion of a loss incurred before termination of insurance under the other policy.

- calendar year deductibles

5. For a person whose coverage takes effect on the effective date of this policy, the calendar year deductible amounts under this policy will be reduced by the portion of any calendar year deductible amount already satisfied for similar expenses under the other policy for the same calendar year.

- disability income benefits

6. No disability income benefits are payable under this policy for a disability period that is covered as a recurrence under the other policy.

TRANSFER PROVISIONS

Replacement of Insurance

The following provisions apply when this policy is issued to replace insurance under another Great-West Life policy.

1. Any person who was insured under the replaced policy on the day before the effective date of this policy will be insured under this policy on its effective date, as long as he is then an insurable employee in an eligible class.
2. Increases in benefits resulting from the replacement are subject to this policy's actively at work requirement.
3. Any insurance that would have been subject to the underwriting provision in the replaced policy will also be subject to this policy's underwriting provision.
4. A person's period of coverage under the replaced policy will be considered in applying any long term disability pre-existing conditions limitation and any dental insurance late applicant limitation under this policy.
5. Any deductibles or maximums applicable under this policy will be reduced by any amounts applied to the same or similar deductibles or maximums under the replaced policy.
6. Until the employee exercises his right to change his beneficiary, his beneficiary under this policy will be the one last named under the replaced policy.
7. Any transfer of insurance provision applicable to an employee under the replaced policy on the day before the effective date of this policy will continue to apply as if the replaced insurance were still in force.

TRANSFER PROVISIONS

Transfer of Claims

If the Group Policyholder transfers responsibility for the continuing assessment of existing claims:

1. to Great-West Life, Great-West Life has the right, without the claimant's authorization, to obtain claim records from the previous insurer or benefits administrator.
2. from Great-West Life, Great-West Life has the right, without the claimant's authorization, to disclose claim information to the party assuming responsibility for existing claims.