

# **Douglas College**

**Plan Document Number:** G0083239

**Group Policy Number:** G0039945

**Plan:** A - Administ

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# Benefit Summary

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This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

## Employee Life Insurance

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

*Employee Life Insurance*

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$800,000

**Benefit Reduction**- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, on the December 31st next following the date you turn 65

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

## Employee Optional Life Insurance

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

*Employee Optional Life Insurance*

**Benefit Amount** - increments of \$10,000 to a maximum of \$200,000

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

## Dependant Optional Life Insurance

**The Dependant Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

*Dependant Optional Life Insurance*

### **Benefit Amount**

- Spouse - increments of \$10,000 to a maximum of \$200,000

- Child - increments of \$10,000 to a maximum of \$50,000

### **Termination Age**

**Spouse** - employee's or spouse's age 71 or employee's retirement, whichever is earlier

**Child** - employee's age 71 or retirement, whichever is earlier

# Benefit Summary

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## Accidental Death and Dismemberment

*Accidental Death and  
Dismemberment*

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0039945.

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$800,000

**Benefit Reduction**- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, on the December 31st next following the date you turn age 65

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

## Extended Health Care

*The Benefit*

**Overall Benefit Maximum** - Unlimited

**Deductible** - \$25 Individual, \$25 Family, per calendar year

Not applicable to:

- Hospital Care
- Vision

**Benefit Percentage (Co-insurance)**

100% for

- Hospital Care
- Vision

95% for

- Medical Services & Supplies
- Professional Services
- Drugs

**Note:**

*The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 95%.*

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

*Extended Health Care  
Extended Health Care -  
The Benefit*

***Manu***

# Benefit Summary

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Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

## **- No Substitution Prescriptions**

### **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a “no substitution prescription”, please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

## **Payment of Drug Claims**

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible Dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

you cannot locate a participating Pay Direct Drug pharmacy

you do not have your Pay Direct Drug Card with you at that time

the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

**Vision Care**

**Extended Health Care -  
Vision Care**

eye exams, up to \$100 per 24 consecutive months

purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a combined maximum of \$650 per 24 consecutive months with glasses or contact lenses

if contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be 1 pair of eyeglasses or contact lenses per lifetime

non-prescription reading glasses, to a maximum of \$40 per 24 consecutive months

**Professional Services**

**Extended Health Care -  
Professional Services**

Services provided by the following licensed practitioners:

Acupuncturist - \$2,000 per calendar year combined for services of an acupuncturist or a chiropractor (purchase and fitting of)

# Benefit Summary

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## Dental Care

*Dental Care*  
*Dental Care - The*  
*Benefit*

### *The Benefit*

**Deductible** - Nil

**Dental Fee Guide** - Current British Columbia Dental Association Approved Fee Guide for General Practitioners and Specialists

### **Benefit Percentage (Co-insurance)**

- 100% for Level I - Basic Services
- 100% for Level II - Supplementary Basic Services
- 100% for Level III - Dentures
- 100% for Level IV - Major Restorative Services
- 80% for Level V - Orthodontics

### **Benefit Maximums**

- unlimited for Level I, Level II, Level III and Level IV
- \$2,500 per lifetime for Level V

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

## Weekly Income (Short Term Disability)

*Weekly Income*

The **Weekly Income Benefit** is insured under **Manulife Financial's Policy G0039945**.

**Benefit Amount** - 75% of weekly earnings, to a maximum benefit of \$3,500

**Qualifying Period** - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

**Maximum Benefit Period** - 26 weeks. However, if you attain age 65 while receiving benefits, benefits will continue to be paid until you have received a total of 15 weeks of benefit payments.

**Termination Age** - the end of the month following your attainment of age 65 or retirement, whichever is earlier



## Long Term Disability

The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039945.

*Long Term Disability*

**Benefit Amount** - 75% of monthly earnings, to a maximum of \$15,000

**Qualifying Period** - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater. Weekly - 75% of monthly earnings, to a maximum of \$15,000.



# How to Use Your Benefit Booklet

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In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy and/or Plan Document.

Manulife Financial reserves the right to charge you for such documentation after your first request.

**We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.**

## ***Your Group Benefit Card***

Your Group Benefit Card is the most important document issued to you as part of your Group Benefit Program. It is the only document that identifies you as a Plan Member. The Group Policy Number, Plan Document Number and your personal Certificate Number may be required before you are admitted to a hospital, or before you receive dental or medical treatment.

The Group Policy Number, Plan Document Number and your Certificate Number are also necessary for ALL correspondence with Manulife Financial. Please note that you can print your Certificate Number on the front of this booklet for easy reference.

*Your Group Benefit Card is an important document. Please be sure to carry it with you at all times.*

***Your Group Benefit  
Card***



# Explanation of Commonly Used Terms

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## **- Child**

your natural or adopted child, or stepchild, who is:

- unmarried
- under age 21, or under age 25 if a full-time student
- not employed on a full-time basis, and
- not eligible for coverage as an employee under this or any other Group Benefit Program

a child who is incapacitated on the date he or she reaches the age when coverage would normally terminate will continue to be an eligible Dependant. However, the child must have been covered under this Benefit Program immediately prior to that date.

A child is considered incapacitated if he or she is incapable of engaging in any substantially gainful activity and is Dependant on the employee for support, maintenance and care, due to a mental or physical handicap.

The administrator, acting on behalf of your employer, may require written proof of the child's condition as often as may reasonably be necessary.

a stepchild must be living with you to be eligible

a newborn child shall become eligible from the moment of birth

## ***Disease Management Programs***

an approach to healthcare that teaches patients how to manage a chronic disease. A system of coordinated healthcare interventions and communications for patients with conditions in which patient self-care efforts are significant in the management of their condition.

***Disease Management Programs***

## ***Drug***

a medication that has been approved for use by Health Canada and has a Drug Identification Number.

***Drug***

## ***Due Diligence***

a process employed by Manulife Financial to assess new drugs, existing drugs with new indications, services or supplies to determine eligibility under the Plan Document. This process may use pharmacoeconomics, cost effectiveness analysis reference information from existing Federal or Provincial formularies, recognized clinical practice guidelines, or an advisory body.

***Due Diligence***

**Earnings**

**Earnings**

your regular rate of pay, including regular bonuses and regular overtime, and excluding occasional overtime pay.

Your earnings may also include other income as agreed to in writing by your employer and Manulife Financial, and which is reported periodically by your employer to Manulife Financial.

For the purposes of determining the amount of your benefit at the time of claim, your earnings will be the lesser of:

- the amount reported on your claim form, or
- the amount reported by your employer to Manulife Financial and for which premiums have been paid.

**Exclusive Distribution**

**Exclusive Distribution**

Manulife Financial approved vendors.

**Experimental or Investigational**

**Experimental or Investigational**

not approved as an effective, appropriate and essential treatment of an illness or injury.

**Immediate Family Member**

**Immediate Family Member**

for the Accidental Death and Dismemberment Benefit, a person who is at least 18 years of age who is your son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandmother or grandfather.

for Extended Health Care and Dental Care Benefits, you, your spouse or child, your parent or your spouse's parent, your brother or sister, or your spouse's brother or sister.

**Interchangeable Drug**

**Interchangeable Drug**

includes but is not limited to:

- a generic equivalent to the brand name drug deemed to be interchangeable by law where the drug is dispensed;
- a drug that contains the same active ingredient that has not been deemed interchangeable in the province where the drug is dispensed; but has been identified as interchangeable by Manulife Financial

**Licensed, Certified, Registered**

**Licensed, Certified, Registered**

the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

# Explanation of Commonly Used Terms

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## ***Life-Sustaining Drugs***

non-prescription drugs which are necessary to sustain life.

***Life-Sustaining Drugs***

## ***Lower Cost Alternative***

if two or more drugs, supplies or services result in therapeutically similar results, or prescribing guidelines recommend alternate drugs, supplies or services be tried first that are lower in cost, the lower cost alternative will be considered.

***Lower Cost Alternative***

## ***Medically Necessary***

accepted and recognized by the Canadian medical profession and Manulife Financial as effective, appropriate and essential treatment of an illness or injury. Manulife Financial has the right after due diligence has been completed to determine whether the drug, service or supply is covered under the Plan Document.

***Medically Necessary***

## ***Non-Evidence Limit***

you must submit satisfactory medical evidence to Manulife Financial for Benefit Amounts greater than this amount.

***Non-Evidence Limit***

## ***Patient Assistance Program***

a program that provides assistance to you or your dependents who are prescribed select drugs, supplies or services. Manufacturers and distributors may provide patient assistance programs that include financial support, along with education and training.

***Patient Assistance Program***

## ***Pharmacoeconomics***

the scientific discipline that evaluates the value of pharmaceutical drugs, clinical services or supplies. This discipline includes but is not limited to clinical evaluations, risk analysis, economic value and the cost consequences to plans. Pharmacoeconomic studies serve to guide optimal healthcare resource allocation, in a standardized and scientifically grounded manner as determined by Manulife Financial.

***Pharmacoeconomics***

## ***Prior Authorization***

a claims management feature applied to a specific list of drugs, supplies or services to determine eligibility based on predefined clinical criteria and a pharmacoeconomic or cost effectiveness evaluation.

***Prior Authorization***

## ***Provincial Plan***

any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

***Provincial Plan***

## ***Qualifying Period***

a period of continuous total disability, starting with the first day of total disability, which you must complete in order to qualify for disability benefits.

***Qualifying Period***

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**Reasonable and Customary**

## **Reasonable and Customary**

the lowest of:

the prevailing amount charged for the same or comparable service or supply in the area in which the charge is incurred, as determined by Manulife Financial,

the amount shown in the applicable professional association fee guide, or

the maximum price established by law.

## **Take Home Pay (Net Earnings)**

**Take Home Pay (Net Earnings)**

your earnings, less deductions normally made for federal and provincial income tax.

## **Waiting Period**

**Waiting Period**

the period of continuous employment with your employer which you m

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# The Claims Process

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## ***Naming a Beneficiary***

### ***Naming a Beneficiary***

Manulife Financial does not accept beneficiary designations for any benefits other than Employee Life Insurance, Employee Optional Life Insurance and Accidental Death and Dismemberment.

**This Plan contains a provision removing or restricting the right of the covered person to designate persons to whom or for whose benefit money is to be payable**

## ***How to Submit a Claim***

### ***How to Submit a Claim***

All claim forms, available from your employer, must be correctly completed, dated and signed. Remember, always provide your Group Policy Number, Plan Document Number and your Certificate number (found on your Group Benefit Card) to avoid any unnecessary delays in the processing of your claim.

Your employer can assist you in properly completing the forms, and answer any questions you may have about the claims process and your Group Benefit Program.

You may not commence legal action against the Employer or the Administrator less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against the Employer or the Administrator for the recovery of money payable under the plan is absolutely barred unless commenced within the time set out in the Insurance Act or applicable legislation.

Sign up to use Manulife's Plan Member Secure Site at [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits).

When combined with your health care service provider's electronic transmission of your claim, in some cases you can go to your appointment in the morning and see a record of your claim processing on the site in the afternoon!

If your health care service provider cannot send Manulife electronic claim transmissions, you may still be able to submit your claim electronically to us online, right from the Plan Member Secure Site. If your plan sponsor has selected this service for your plan, it will only take you a few minutes to answer the necessary questions and create your own electronic claim submission.

Even if you send us paper claim forms by letter mail, we encourage you to choose to have your claim money deposited directly into your bank account when you set up your access on the Plan Member Secure Site. We will send you an e-mail telling you when your claim has been processed. You will receive your claim payment up to 70% faster than by waiting for a paper cheque.

## ***Payment of Extended Health Care and Dental Claims***

### ***Claim Payment***

Once the claim has been processed, Manulife Financial will send a Claim Statement to you.

The top portion of this form outlines the claim or claims made, the amount subtracted to satisfy deductibles, and the benefit percentage used to determine the final payment to be made to you. If you have any questions on the amount, your employer will help explain.

The bottom portion of this form is your claims payment, if applicable. Simply tear along the perforated line, endorse the back of the cheque and you can cash it at any chartered bank or trust company.

You should receive settlement of your claim within three weeks from the date of submission to Manulife Financial. If you have not received payment, please contact your employer.

### ***Co-ordination of Extended Health Care and Dental Care Benefits***

#### ***Co-ordination of Extended Health Care and Dental Care Benefits***

If you or your Dependants are covered for similar benefits under another Plan, this information will be taken into account when determining the amount of expenses payable under this Program.

This process is known as Co-ordination of Benefits. It allows for reimbursement of covered medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred.

Plan means:

- other Group Insurance Programs;
- any other arrangement of coverage for individuals in a group; and
- individual travel insurance plans.

Plan does not include school insurance or Provincial Plans.

### **Order of Benefit Payment**

#### ***Order of Benefit Payment***

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

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

- The Plan where the person is covered as an active full-time employee, then
  - The Plan where the person is covered as an active part-time employee, then
  - The Plan where the person is covered as a retiree.
- For Claims incurred by your Dependant Child:

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

However, if you and your Spouse are separated or divorced, the following order applies:

- The Plan of the parent with custody of

## **Submitting a Claim for Co-ordination of Benefits**

## ***Submitting a Claim for Co-ordination of Benefits***

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

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

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

Keep a photocopy of each receipt or ask the Primary Carrier to return the original receipts to you once your claim has been settled.

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

## ***Eligibility***

### ***Eligibility***

You are eligible for Group Benefits if you:

are a permanent, non-seasonal administrative and management employee of Douglas College and work at least the Required Number of Hours,

are a member of an eligible class,

are younger than the Termination Age,

for Extended Health Care benefits, are covered under the Provincial plan,

are residing in Canada, and

have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your Dependants are eligible for coverage on the date you become eligible or the date you first acquire a Dependant, whichever is later. You must apply for coverage for yourself in order for your Dependants to be eligible.

## ***Required Number of Hours***

### ***Required Number of***

# Who Qualifies for Coverage?

## ***Late Dental Application***

If you apply for coverage for Dental for yourself or your Dependants late, the benefit will be limited to \$300 for each covered person for the first 12 months of coverage.

***Late Dental Application***

## ***Effective Date of Coverage***

If medical evidence is not required, your Group Benefits will be effective on the date you are eligible.

If medical evidence is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife Financial, whichever is later.

***Effective Date of Coverage***

You must be actively at work for plan benefit coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

Your Dependant's coverage becomes effective on the date the Dependant becomes eligible, or the date any required medical evidence on the Dependant is approved by Manulife Financial, whichever is later.

Your Dependant's coverage will not be effective prior to the date your coverage becomes effective. This does not apply to Dependant Optional Life Insurance which may still become effective if you are declined for Employee Optional Life.

## ***Termination of Coverage***

Your Group Benefit coverage will terminate on the earliest of:

the date you cease to be an eligible employee

the date you cease to be actively at work, unless the Group Policy or the Plan Document allows for your coverage to be extended beyond this date

the date your employer terminates coverage

the date you enter the armed forces of any country on a full-time basis

the date the Group Policy or Plan Document terminates or coverage on the class to which you belong terminates

the date you reach the Termination Age

the date of your death

***Termination of Coverage***

Your Dependants' coverage terminates on the date your coverage terminates or the date the Dependant ceases to be an eligible Dependant, whichever is earlier.

# Your Group Benefits

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## Employee Life Insurance

### *Employee Life Insurance*

The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

### *The Benefit*

### *Employee Life - The Benefit*

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$800,000

**Non-Evidence Limit** - \$800,000

**Qualifying Period for Waiver of Premium** - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

**Benefit Reduction**- your benefit amount reduces to 1 times your annual earnings, to a maximum of \$800,000, on the December 31st next following the date you turn 65

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

### **Waiting Period**

date of hire

### *Naming a Beneficiary*

### *Employee Life Insurance - Naming a Beneficiary*

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your Plan Administrator.

You should review your beneficiary designation to be sure that it reflects your current intent.

### *Submitting a Claim*

### *Employee Life Insurance - Submitting a Claim*

To submit an Employee Life Insurance claim, your beneficiary must complete the Life Claim form which is available from your Plan Administrator.

Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within the earlier of:

15 months following the date of loss

90 days following the date of termination of your insurance

90 days following the date of termination of this Policy or a benefit therein



To submit a claim for the Waiver of Premiums benefit you must complete a Waiver of Premiums claim form, which is available from your Plan Administrator. Your attending physician must also complete a portion of this form.

A completed claim form must be submitted within 18 months following the day you were last actively at work, provided notification is submitted to Manulife Financial 0.0000 i claim f

Manulife Financial must receive medical evidence documenting how your illness or injury causes restrictions or lack of ability, such that you are prevented from performing any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified above

you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife Financial

At any time, Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational

# Your Group Benefits

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Your amount of insurance on which premiums were previously waived will be reinstated.

If the same disability recurs more than 6 months after cessation of your Waiver of Premiums benefit, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

## ***Conversion Privilege***

If your Group Benefits terminate or reduce, you may be eligible to convert all or part of your Employee Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife Financial within 31 days of the termination or reduction of your Employee Life Insurance. If you die during this 31-day period, the amount of Employee Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

***Employee Life  
Insurance - Conversion  
Privilege***

## **Employee Optional Life Insurance**

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0039945.**

If you die while insured, this benefit provides financial assistance to your beneficiary, in addition to your Employee Life Insurance Benefit. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

### ***The Benefit***

**Benefit Amount** - increments of \$10,000 to a maximum of \$200,000

**Non-Evidence Limit** - \$100,000

**Qualifying Period for Waiver of Premium** - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

**Termination Age** - your benefit amount terminates at age 71 or retirement, whichever is earlier.

***Employee Optional Life  
Insurance***

***Employee Optional Life  
Insurance - The Benefit***

## Waiting Period

date of hire

To apply for Employee Optional Life Insurance you must complete the Application for Optional Life form which is available from your Plan Administrator.

For details on **Naming a Beneficiary, Submitting a Claim** and **Conversion Privilege**, please refer to Employee Life Insurance.

## Eligibility for Optional Life Insurance

### Employee Optional Life Insurance - Eligibility for Optional Life Insurance

Insurance for any amounts less than or equal to the stated non-evidence limit are subject to the following conditions:

insurance may be added at any time

you must be in good health

you must not have any physical or mental condition that prevents you from regularly attending to your occupation if actively at work or from choosing to be employed or engaged in any occupation if not actively at work

you have never been declined when you have applied for life insurance or critical illness insurance with any insurer or any other entity

where evidence of insurability is required for any amount of insurance, you must provide Manulife Financial with such evidence that is satisfactory in Manulife Financial's opinion

You may apply for an increase or decrease in the Benefit Amount at any time. Where, as a result of any increase, the total Benefit Amount does not exceed the non-evidence limit, and where Manulife Financial approves such increase, then the pre-existing conditions exclusion will apply to the increased portion of the Benefit Amount, commencing on the resulting effective date that such increase is approved. The pre-existing conditions exclusion will continue to apply to the original Benefit Amount from the date that such Benefit Amount became effective.

Where you apply for an increase in the Benefit Amount (Total) that exceeds the non-evidence limit, then detailed evidence of insurability will be

**Waiver of Premiums**

**Employee Optional Life  
Insurance - Waiver of  
Premiums**

***Dependant Optional  
Life Insurance -  
Submitting a Claim***

***Submitting a Claim***

To submit a Dependant Optional Life Insurance claim, you must complete the Life Claim form which is available from your Plan Administrator. Documents necessary to submit with the form are listed on the form.

A completed claim form must be submitted within the earlier of:

15 months following the date of loss

90 days following the date of termination of your insurance

90 days following the date of termination of this Policy or a benefit therein

Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it is not reasonable possible to furnish such proof within the required time, and if proof is given as soon as is reasonably possible.

***Eligibility for Spousal Dependant Optional Life Insurance***

***Dependant Optional  
Life Insurance -  
Eligibility for Spousal  
Dependant Optional  
Life Insurance***

Insurance for any amounts less than or equal to the stated non-evidence limit are subject to the following conditions:

dependant insurance may be added at any time

your spouse must be in good health

your spouse must not have any physical or mental condition that prevents your

# Your Group Benefits

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A pre-existing condition means an illness or injury for which, during the 24 months prior to the date your spouse's insurance under this benefit became effective, or the latest date of reinstatement of insurance on your spouse, whichever is applicable, your spouse has exhibited signs or symptoms, received medical treatment, care or services (including diagnostic measures), consulted a physician or has been prescribed medication; or where treatment would have been sought by a prudent individual during the 24 months prior to the date your spouse's insurance under this benefit became effective, or the latest date of reinstatement of insurance on your spouse, whichever is applicable.

## ***Waiver of Premiums***

Please refer to Employee Life Insurance for details on the Waiver of Premiums provision.

***Dependant Optional  
Life Insurance - Waiver  
of Premiums***

## ***Conversion Privilege***

If your spouse's insurance terminates, you may be eligible to convert the terminated insurance to an individual policy, without medical evidence. Your spouse's application for the individual policy, along with the first monthly premium, must be received by Manulife Financial, within 31 days of the termination date. If your spouse dies during this 31-day period, the amount of spousal Life Insurance available for conversion will be paid to you, even if you didn't apply for conversion.

***Dependant Optional  
Life Insurance -  
Conversion Privilege***

For more information on the conversion privilege, please see your Plan Administrator. Provincial differences may exist.

## ***Exclusions***

If death results from suicide any amount of Dependant Optional Life Insurance that has been in effect for less than two years will not be payable.

No amount of Spousal Dependant Optional Life Insurance will be paid for any Non-Evidence Limit amount when death is directly or indirectly attributable to a pre-existing condition during the first 24 months of insurance.

***Dependant Optional  
Life Insurance -  
Exclusions***

# Accidental Death and Dismemberment

## *Accidental Death and Dismemberment*

**The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0039945.**

If you sustain an accidental injury while insured and suffer a loss specified in the Schedule of Losses below, this benefit provides financial assistance to you or your beneficiary. In the event of your death, the benefit is payable to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate. For losses other than Loss of Life, the benefit is payable to you.

### ***The Benefit***

Aggregate Limit - \$5,000,000

**Benefit Amount** - 3 times your annual earnings, to a maximum of \$8T w(Benefi)Tj30.5991 0.0000 TD(t



- Loss of Life - 100%
- Loss of or Loss of Use of Both Hands or Both Feet - 100%
- Loss of Sight of Both Eyes - 100%
- Loss of One Hand and One Foot - 100%
- Loss of One Hand and Sight of One Eye - 100%
- Loss of One Foot and Sight of One Eye - 100%
- Loss of Hearing in Both Ears and Speech - 100%
- Loss of or Loss of Use of One Arm or One Leg - 75%
- Loss of or Loss of Use of One Hand or One Foot - 75%
- Loss of Sight of One Eye - 75%
- Loss of Speech or Hearing in Both Ears - 75%
- Loss of Thumb and Index Finger or at least Four Fingers of One Hand - 33.33%
- Loss of All Toes of One Foot - 25%
- Loss of Hearing in One Ear - 25%
- Hemiplegia, Paraplegia or Quadriplegia - 200%

Only one percentage, the largest, will be paid for multiple losses to the same limb due to any one accident.

No more than 100% will be paid for all losses due to any one accidental Injury, except in the case of hemiplegia, paraplegia or quadriplegia, where the total amount paid will not exceed 200% (provided the benefit is paid while you are living).

***Exposure and Disappearance***

<p>If a loss occurs due to unavoidable exposure to the elements, after a conveyance in          use in 10.ou wsankonv138.98white case of hur Fdue.IndeET0.00</p>	<p><b><i>AD&amp; D - Exposure and Disappearance</i></b>          0.900</p>
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# Your Group Benefits

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## **Aggregate Limit**

### **AD& D - Aggregate Limit**

*In no event will the amount paid for total lives exceed \$5,000,000.*

## **Rehabilitation Expenses**

### **AD& D - Rehabilitation Expenses**

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and require participation in a formal rehabilitation program in order to return to gainful employment, Manulife Financial will pay incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$15,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

## **Repatriation Expenses**

### **AD& D - Repatriation Expenses**

If you die as a direct result of an accidental injury which occurs while travelling, Manulife Financial will pay for expenses incurred for the preparation and transportation of your body to your place of residence.

The amount payable is subject to a maximum of \$15,000.

## **Family Transportation Expenses**

### **AD& D - Family Transportation Expenses**

If, as a direct result of an accidental injury, you suffer a loss specified in the Schedule of Losses and are confined to a hospital located within 150 kilometres from your normal place of residence, Manulife Financial will pay the hotel and travel expenses incurred by an immediate family member, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

for hotel accommodations in the vicinity of the hospital

for transportation by the most direct route to the hospital, including return fare

If transportation is by means other than a conveyance which is licensed to transport fare-paying passengers, expenses incurred will be reimbursed at a rate of \$0.20 per kilometre travelled.

The amount payable is subject to a maximum of \$10,000 per accident.

# Your Group Benefits

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## ***Dependant Education Expenses***

***AD& D - Dependant  
Education Expenses***

If you die as a direct result of an accidental injury, Manulife Financial will pay the tuition for each child who is enrolled as a full-time student:

in a school for higher learning above the secondary school level, or

at the secondary school level, but who enrolls as a full-time student in a school for higher learning within 365 days after your death

A school for higher learning means any accredited university, private college, collèges d'enseignement général et professionnel (CEGEP), community college or trade school.

The maximum payable each year for each child is the lesser of:

5% of your Accidental Death and Dismemberment benefit amount, or

\$5,000

The benefit is payable for up to a maximum of 4 years. If there are no children, an additional \$2,500 will be paid to your designated beneficiary.

No payment will be made for:

tuition expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

## ***Spousal Occupational Training Expenses***

***AD& D - Spousal  
Occupational Training  
Expenses***

If you die as a direct result of an accidental injury and your spouse must participate in a formal occupational training program to become qualified for employment for which he or she would not otherwise have sufficient qualifications, Manulife Financial will pay for expenses incurred by your spouse, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within a period of 3 years from the date of the accidental injury

The amount payable is subject to a maximum of \$10,000.

No amount will be paid for room and board expenses, or other living, travelling or clothing expenses.

## ***Seat Belt Benefit***

***AD& D - Seat Belt  
Benefit***

If you die as a direct result of an accidental injury sustained while driving or riding in an automobile, Manulife Financial will pay an additional amount equal to 10% of your Accidental Death and Dismemberment benefit, to a maximum of \$25,000, provided you were wearing your seat belt and it was properly fastened at the time of the accidental injury.

**AD& D - Day-Care  
Expenses**

**Day-Care Expenses**

If you die as a direct result of an accidental injury, Manulife Financial will pay day-care expenses for each child under 13 years of age who is enrolled in a legally licensed day-care centre at the time of the accidental injury, or who becomes enrolled within 12 months from the date of your death.

The maximum payable each year for each child is the lesser of:

5% of your Accidental Death and Dismemberment benefit amount, or

\$10,000

The benefit is payable for up to a maximum of 4 years.

No payment will be made for:

expenses incurred prior to your death

room and board expenses, or other living, travelling or clothing expenses

**Home Alteration and Vehicle Modification Expenses**

**AD& D - Home  
Alteration and Vehicle  
Modification Expenses**

If, as a direct result of an accidental injury, you:

suffer a loss of, or loss of use of, both feet or both legs, or

become a hemiplegic, paraplegic, or quadriplegic

and require the use of a wheelchair to be ambulatory, Manulife Financial will pay for incurred expenses, provided the expenses are:

reasonable and necessary, as determined by Manulife Financial

incurred within 3 years from the date of the accidental injury

for alterations to your home for the purpose of making it wheelchair accessible

for modifications to one motor vehicle for the purpose of making it wheelchair

***Naming a***

## **Extended Health Care**

### *Extended Health Care*

**Your Extended Health Care Benefit is provided directly by Douglas College. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.**

If you or your Dependants incur charges for any of the Covered E

**Note:**

*The Benefit Percentage for Out-of-Province/Canada Emergency Medical Treatment is 95%.*

**Termination Age** - the end of the month in which the employee attains age 71 or the last day of the month following the month in which the employee retires, whichever is earlier

**Waiting Period**

date of hire

**Covered Expenses**

The expenses specified are covered to the extent that they are reasonable and customary, unless otherwise specified, as determined by Manulife Financial or your employer, provided they are:

**Extended Health Care -  
Covered Expenses**

medically necessary for the treatment of an illness or injury and recommended by a physician

incurred for the care of a person while covered under this Group Benefit Program

reasonable taking all factors into account

not covered under the Provincial Plan or any other government-sponsored program

legally insurable

used as prescribed or recommended by a physician

associated with any drug, supply95%.

Manulife Financial maintains a list of drugs, services and supplies that require prior authorization. Prior authorization is applied to ensure that the therapy prescribed is medically necessary. Where there are lower cost alternative treatments or prescribing guidelines recommend alternative drugs be tried first that are lower in cost, you or your eligible dependents will be required to have tried an alternative treatment unless medical contraindications to alternative treatments exist.

At Manulife Financial's discretion, medical information, test results or other



# Your Group Benefits

## **Hospital Care**

charges, in excess of the hospital's public ward charge, for semi-private accommodation, provided:

- the person was confined to hospital on an in-patient basis, and
- the accommodation was specifically elected in writing by the patient

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

charges for room and board made by an addiction treatment facility, provided the treatment has been recommended and approved in writing by a physician, up to a maximum of \$25,000 per lifetime

charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

**Extended Health Care -  
Hospital Care**

**Extended Health Care -  
Addiction Facility**

## **ManuScript Generic Drug Plan 2 - Prescription Drugs**

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist

oral contraceptives, intrauterine devices and diaphragms

injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)

life-sustaining drugs

preventive vaccines and medicines (oral or injected)

standard syringes, needles and diagnostic aids, required for the treatment of diabetes

**Note** Dispensing fees for drugs purchased with the Pay Direct Drug card, other than compounds, will not be subject to Reasonable and Customary limitations

*The following are not Covered Expenses:*

charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment

drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis

drugs determined to be ineligible as a result of due diligence

oral drugs used in the treatment of a sexual dysfunction

**Extended Health Care -  
ManuScript Generic  
Drug Plan 2 -  
Prescription Drugs**

*- Drug Maximums*

**- Drug Maximums**

Fertility drugs - \$2,500 per lifetime

Anti-smoking drugs - \$500 per lifetime

All other covered drug expenses - Unlimited

*- Payment of Covered Expenses*

**- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject t



Speech Therapist - \$2,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist

Physiotherapist - \$2,000 per calendar year combined for services of an acupuncturist, chiropractor, osteopath, podiatrist/chiropractist, massage therapist, naturopath, speech therapist and physiotherapist

Mental Health Practitioner\* - \$1,500 per calendar year

\*Mental Health Practitioner includes services of a Clinical Counsellor, Social Worker and Psychologist only

Expenses for some of these Professional Services may be payable in part by Provincial Plans. Coverage for the balance of such expenses prior to reaching the Provincial Plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this Benefit Program are payable after the Provincial Plan's maximum for the benefit year has been paid.

Recommendation by a physician for Professional Services is not required.

### ***Medical Services and Supplies***

#### ***Extended Health Care - Medical Services and Supplies***

For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

*Pre-Determination of Benefits*

Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

**Ambulance**

**- Ambulance**

licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available, to a maximum of \$300 per calendar year

**Medical Equipment**

**- Medical Equipment**

rental or, when approved by Manulife Financial or your employer, purchase of:

- Mobility Equipment:

wigs and hairpieces for patients with temporary hair loss as a result of medical treatment

oxygen

microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec

charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

### **Fertility Treatme**

expenses related to the reversal of gender affirmation treatments

expenses related to sperm preservation and/or cryopreservation of fertilized embryos and expenses related to infertility

any services/expenses payable under any Provincial/Territorial Plan.

The purpose of this coverage is related to masculinization or feminization, not elective cosmetic enhancement. All eligible services must be medically necessary and ordered by a physician involved in the transitioning treatment.

*-Out-of-Province/Out-of  
-Canada*

**Out-of-Province/Out-of-Canada**



Charges incurred outside the province of residence for all other Covered Extended Health Care Expenses are payable on the same basis as if they were incurred in the province of residence.

***Submitting a Claim***

To submit an Extended Health Care claim, you must complete an Extended Health

***Extended Health Care -  
Submitting a Claim***

services or supplies for which no charge would normally be made in the absence of group benefit coverage

services and supplies where reimbursement would have been made under a government-sponsored plan, in the absence of coverage

services or supplies which are not permitted by law to be paid

services or supplies which would have been payable by the Provincial Plan if proper application had been made

medical treatment which is not usual or customary, or is experimental or investigational in nature

medical or surgical care which is cosmetic

services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person

services or supplies which are not specified as a covered expense under this benefit

### ***Continuation of Coverage***

***Extended Health Care -  
Continuation of  
Coverage***

If a Dependant is Disabled when coverage under this Benefit terminates, Covered



100%, and

- i) deductible amounts, and
- ii) the portion of covered drug expenses that is paid by a covered person, when the percentage of covered expenses payable under this benefit is less than 100%, and
- iii) covered pharmacy services that are performed by pharmacists for drugs on the RAMQ formulary.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the Legislation and includes those portions of covered drug expenses and covered pharmacy services relating to a drug on the RAMQ formulary paid for your dependent children.

For the purposes of calculating the out-of-pocket maximum for you and your spouse, those portions of covered drug expenses and covered pharmacy services paid for your dependent children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

c) **Deductible**

Deductible amounts (if any) for the drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the deductible will not apply.

d) **Lifetime Maximum Deductible (RAMQ Formulary) (194.40 thereafter, t)**



## Dental Care

### *Dental Care*

Your Dental Care Benefit is provided directly by Douglas College. Manulife Financial has been contracted to adjudicate and administer your claims for this benefit following the standard insurance rules and practices. Payment of any eligible claim will be based on the provisions and conditions outlined in this booklet and your employer's Benefit Plan.

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***Covered Expenses***

***Dental Care - Covered Expenses***

The following expenses are covered if they:

are incurred for the necessary dental care of a covered person while covered under this benefit

are incurred for services proered

# Your Group Benefits

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denture repairs, relines and rebases, only if the expense is incurred later than 3 months after the date of the initial placement of the denture

injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery

nervous/muscular disorders

## **Level II - Supplementary Basic Services**

### **Dental Care - Level II - Supplementary Basic Services**

surgical procedures not included in Level I (excluding implant surgery)

periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:

- scaling not covered under Level I, and root planing, up to a combined maximum of 8 units per calendar year

- provisional splinting

- occlusal equilibration

endodontic services which include root canals and therapy, root amputation, apexifications, periapical services and the bleaching of endodontically-treated teeth

- root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime

- re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment

## **Level III - Dentures**

### **Dental Care - Level III - Dentures**

initial provision of full or partial removable dentures

replacement of removable dentures, provided the dentures are required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable

- the existing appliance is at least 5 years old and cannot be made serviceable, or

- the existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation. The total amount payable for both the temporary and permanent dentures is the amount which would have been allowed for permanent dentures.



# Your Group Benefits

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## **Level IV - Major Restorative Services**

### **Dental Care - Level IV - Major Restorative Services**

crowns, veneers and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay

inlays

initial provision of fixed bridgework

replacement of bridgework, provided the new bridgework is required because:

- a natural tooth is extracted and the existing appliance cannot be made serviceable

- the existing appliance is at least 5 years old and cannot be made serviceable, or

- the existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation. The total amount payable for both the temporary and permanent bridge is the amount which would have been allowed for a permanent bridge.

surgical incision and drainage

stomatoplasty, frenectomy and sialolithotomy

soft tissue biopsy, oral pathology, cytological tests and bacteriological exams

post-surgical treatment

excision of torus palatinus, unilateral and bilateral excision of torus mandibularis

## **Level V - Orthodontics**

### **Dental Care - Level V - Orthodontics**

orthodontic services

## **Late Entrant Limitation**

### **Dental Care - Late Entrant Limitation**

If you or your Dependants become covered for dental benefits more than 31 days after you first become eligible to apply, the amount payable in the first 12 months of coverage will be limited to \$300 for each covered person.

## **Pre-Determination of Benefits**

### **Dental Care - Pre-Determination of Benefits**

If the cost of any proposed dental treatment is expected to exceed \$500, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.





# Your Group Benefits

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## Weekly Income (Short Term Disability)

### *Weekly Income*

The Weekly Income Benefit is insured under Manulife Financial's Policy G0039945.

If you become Totally Disabled while covered and meet the Entitlement Criteria for this benefit, your employer will pay a disability benefit.

### ***Definition of Totally Disabled***

### *Weekly Income - Definition of Totally Disabled*

Totally Disabled means an incapacitation to the extent that you are not able to perform any and every duty of your occupation or employment.

The availability of work will not be considered by Manulife Financial or your employer in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

### ***The Benefit***

### *Weekly Income - The Benefit*

**Benefit Amount** - 75% of weekly earnings, to a maximum benefit of \$3,500

**Qualifying Period** - 30 calendar days, if the disability is due to an accident; 30 calendar days, if the disability is due to a sickness

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period. Otherwise, benefits are not payable until the date you are first treated by your physician.

**Maximum Benefit Period** - 26 weeks. However, if you attain age 65 while receiving benefits, benefits will continued to be paid until you have received a total of 15 weeks of benefit payments.

**Termination Age** - the end of the month following your attainment of age 65 or retirement, whichever is earlier

### **Waiting Period**

date of hire

**Entitlement Criteria**

**Weekly Income -  
Entitlement Criteria**

To be entitled to disability benefits, you must meet the following criteria:

- you must be continuously Totally Disabled throughout the Qualifying Period
- your employer or Manulife Financial must receive medical evidence documenting how your illness or injury causes incapacitation, such that you are prevented from performing any and every duty of your own occupation or employment
- you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by your employer or Manulife Financial

At any time, your employer or Manulife Financial may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by your employer or Manulife Financial.

**Periods for Which You are Not Entitled to Benefits**

**Weekly Income -  
Periods for Which You  
are Not Entitled to  
Benefits**

You are not entitled to benefit payments for any period that you are:

- not receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by your employer or Manulife Financial
- on leave of absence during which you become Totally Disabled, unless your employer is required to pay benefits during this period as a result of legislation, regulation or case law
- receiving temporary disability benefits from Workers' Compensation
- incarcerated in a prison, correctional facility, or mental institution by order of authority of a criminal court

**Amount of Disability Benefit Payable**

**Weekly Income -  
Amount of Disability  
Benefit Payable**

The amount of disability benefit payable to you is the Benefiton, cET0.00 0.00 0676wn abr2.0000 2623r0676

# Your Group Benefits

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Notwithstanding the above:

if this Weekly Income plan is registered for Employment Insurance premium reduction, the amount of benefit payable under this benefit shall only be reduced in respect of a source of income which has been approved as an acceptable limitation for registered plans under the Employment Insurance Act; and

if you are receiving any income or benefit payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current Disability, Manulife Financial shall not reduce the Weekly Income benefit by that amount.

## ***Subrogation***

### ***Weekly Income - Subrogation***

If your disability is caused by another person and you have a legal right to recover damages, your employer will request that you complete a subrogation reimbursement agreement when you submit your Weekly Income claim.

On settlement or judgement of your legal action, you will be required to reimburse your employer those amounts you recover which, when added to the disability benefits that your employer paid to you, exceed 100% of your lost income.

## ***Tax Status of Benefits***

### ***Weekly Income - Tax Status***

The tax position of any payments you receive under this benefit depends on whether you or your employer pays the cost of the benefit.

If your employer pays a portion or all of the cost, then any disability benefit payments you receive will be taxable. If you pay the full cost of the benefit, then any disability benefit payments you receive will be non-taxable.

## ***Payment of Disability Benefits***

### ***Weekly Income - Payment of Disability Benefits***

Disability benefit payments will be made weekly in arrears. Any payment for a period of less than one week will be made at a daily rate of one-seventh of your weekly benefit amount.

## ***Termination of Benefit Payments***

### ***Weekly Income - Termination of Benefit Payments***

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit

the date you work in any occupation for wage or profit

the date you do not supply your employer or Manulife Financial with appropriate medical evidence documenting how your illness or injury causes incapacitation, such that you are prevented from performing any and every duty of your own occupation or employment

the date you do not attend an examination by an examiner selected by your employer or Manulife Financial

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date you retire

the date of your death

***Recurrent Disability***

If you become Totally Disabled again from the same or related causes within 2 weeks from the end of the period for which Weekly Income benefits were paid, the disability will be treated as a continuation of your previous disability.

You will not be required to satisfy any applicable Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benef

***Weekly Income -  
Recurrent Disability***

# Your Group Benefits

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injuries sustained while operating a motor vehicle while under the influence of any intoxicant, including alcohol if your blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury

abuse of addictive substances, including drugs and alcohol, unless you are actively participating and co-operating in an in-patient medical treatment program for substance abuse which has been approved by Manulife Financial

## Long Term Disability

### *Long Term Disability*

**The Long Term Disability Benefit is insured under Manulife Financial's Policy G0039945.**

If you become Totally Disabled while insured and meet the Entitlement Criteria for this benefit, Manulife Financial will pay a disability benefit.

### ***Definition of Totally Disabled***

### *Long Term Disability - Definition of Totally Disabled*

Totally Disabled means a restriction or lack of ability due to an illness or injury which prevents you from performing any and every duty of:

your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period

any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above

The availability of work will not be considered by Manulife Financial in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

### ***The Benefit***

### *Long Term Disability - The Benefit*

**Benefit Amount** - 75% of monthly earnings, to a maximum of \$15,000

**Non-Evidence Limit** - \$15,000

**Qualifying Period** - 212 consecutive days, or expiration of benefits under the Weekly Income benefit, whichever is greater

Benefits are payable from the end of the Qualifying Period. Benefits are not payable for or during the Qualifying Period.

You must be receiving regular, ongoing care and treatment from a physician during the Qualifying Period in order for benefits to be payable at the end of the Qualifying Period.

**Maximum Benefit Period** - to age 65





## Your Group Benefits

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- you have previously notified and received approval in writing from Manulife Financial
- proof of the ongoing Disability can be determined on evidence satisfactory to Manulife Financial within 30 days of request

incarcerated in a prison, correctional facility, hospital or similar institution as a result of criminal proceedings

### ***Amount of Disability Benefit Payable***

#### ***Long Term Disability - Amount of Disability Benefit Payable***

The amount of disability benefit payable to you is the Benefit Amount shown above reduced by any disability benefits you receive or are entitled to receive from the following sources for the same or related disability:

50% of earnings from a different and lesser paid occupation not related to Rehabilitation Assistance

Workers' Compensation or similar coverage

Canada or Quebec Pension Plans, excluding Dependant benefits

If necessary, the amount of your benefit will be further reduced so that your total income from all sources does not exceed 100% of your pre-disability gross earnings (net earnings, if your benefit is non-taxable). All sources include those sources stated above and any benefit you are entitled to receive from:

any income or benefit from a different or lesser paid occupation

any income payable under a pension or retirement plan of your employer, or any plan or arrangement resulting from the payment of any salary, wage or any other payment by your employer to you during the disability

any income or benefit payable under any other plan or program provided to you by or through your employer. Such plan or program includes any permanent and total disability benefit of group life insurance for which you could have elected not to apply

any other plan or program of any government or the Crown or of any subdivision or agency of the government or the Crown, including any government motor vehicle automobile insurance plan or policy which is considered an allowable exclusion under the Employment Insurance Premium Reduction Regulations, unless prohibited by law (excluding Employment Insurance Benefits).

***Benefit Calculation Rules***

Manulife Financial will apply the following rules in determining your disability benefit:  
benefits payable from other sources which began before the commencement of  
y

***Long Term Disability -  
Benefit Calculation  
Rules***

***Adjusted***

# Your Group Benefits

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If you cease to participate in the Vocational Plan because of a change in your medical status, Manulife Financial will require medical evidence documenting how your current medical status prevents you from continuing with the Vocational Plan.

If you are not available or do not co-operate or participate in the Vocational Plan, you will no longer be entitled to disability benefits.

## ***Termination of Benefit Payments***

### ***Long Term Disability - Termination of Benefit Payments***

Your disability benefit payments will cease on the earliest of:

the date you cease to be Totally Disabled, as defined under this benefit

the date you do not supply Manulife Financial with appropriate medical evidence documenting how your illness or injury causes restrictions or lack of ability such that you are prevented from performing any and every duty of:

- your own occupation, during the Qualifying Period and the following 24 months, and

- any occupation for which you are qualified, or may reasonably become qualified, by training, education or experience, after the 24 months specified above

the date you do not attend an examination by an examiner selected by Manulife Financial

the date on which benefits have been paid up to the Maximum Benefit Period for this benefit

the date of your death

## ***Recurrent Disability***

### ***Long Term Disability - Recurrent Disability***

If you become Totally Disabled again from the same or related causes within 6 months from the end of the period for which Long Term Disability benefits were paid, Manulife Financial will treat the disability as a continuation of your previous disability.

You will not be required to satisfy the Qualifying Period again. The benefit payable to you will be based on your earnings as at the date of your previous disability. Benefits for all such recurrent disabilities will not be paid for a combined period longer than the Maximum Benefit Period for this benefit.

If the same disability recurs more than 6 months after the end of the period for which benefits were paid, such disability will be considered a separate disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day.

***Waiver1 5000 0.Pre***