



GROUP ACCIDENT

Group accident insurance provides protection against accidental death, dismemberment, paralysis, permanent total disability, and temporary total disability while participating in an authorized activity, including all volunteer activities, of the policyholder, Canadian Coast Guard Auxiliary Inc. Accidental death and dismemberment policy(ies) is (are) subject to schedules, including specified perils, published in the policy(ies).



Group Accident

Policy No.: SRG 9127247
SG 10383001

Insurer: AIG Commercial Insurance Company of Canada
ACE INA Life Insurance

Policyholder: CANADIAN COAST GUARD AUXILIARY INC.

Coverage: Class I - All Members, Volunteer Members, and Volunteer Non-Members of the Policyholder

\$	1,500,000.	Principal Sum
\$	20,000.	Accident Reimbursement Benefit (Excess Medical Expense)
\$	1,000.	Temporary Total Disability Weekly Benefit (no elimination period)
		<ul style="list-style-type: none">• Employed: 75% of earnings to a maximum of \$1,000 per week, to a maximum of 104 weeks• Not Employed: \$250 per week to a maximum of 104 weeks

Class II - Dependent Children of Those Insured Under Class I

\$	100,000.	Principal Sum
\$	20,000.	Accident Reimbursement Benefit (Excess Medical Expense)

Class III – Employees, Contract Employees, and Consultants of the Policyholder

\$	1,500,000.	Principal Sum
\$	20,000.	Accident Reimbursement Benefit (Excess Medical Expense)
\$	1,000.	Temporary Total Disability Weekly Benefit (7 day elimination period)
		<ul style="list-style-type: none">• 75% of earnings to a maximum of \$1,000 per week, to a maximum of 52 weeks

Class IV – Guests of the Policyholder

\$	500,000	Principal Sum
\$	20,000.	Accident Reimbursement Benefit (Excess Medical Expense)

Class V – Junior Members of the Policyholder

\$	50,000	Principal Sum
\$	20,000.	Accident Reimbursement Benefit (Excess Medical Expense)



Scope:

Classes I, II, and V

Injury sustained by the Insured Person while participating in any activity conducted/authorized by the Policyholder (CCGA) or the Canadian Coast Guard and while participating in volunteer duties on or off the premises of the Policyholder (CCGA) and supervised and authorized by the Policyholder (CCGA)

Class III

Injury sustained and occurring during the Insured Person's normal course of duties and while traveling on behalf of the Policyholder

Class IV

Injury sustained and occurring while the Insured Person is participating in guest activities authorized by the Policyholder



The following are Losses covered and their corresponding Scheduled Benefit Amounts:

Life	100%
Speech and Hearing	100%
Both Hands, Both Feet, or Sight of Both Eyes, or a Combination of a Hand, a Foot, or Sight of One Eye	100%
One Arm or One Leg	75%
One Hand or One Foot or Sight of One Eye	67%
Speech or Hearing	67%
Thumb and Index Finger of Either Hand	33%
Hearing in One Ear	17%
All Toes of One Foot	12.5%
Any Finger Other than Index Finger	10%
 <u>Accidental Loss of Use of</u>	
Both Arms or Both Hands	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
 <u>Paralysis Benefits</u>	
Quadriplegia (complete paralysis of both upper and lower limbs)	100%
Paraplegia (complete paralysis of both lower limbs)	100%
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	100%



Additional Benefits:

Permanent Total Disability:

Class I only

If injury shall totally and permanently disable the Insured Person and prevent the Insured Person from engaging in his or her occupation or employment for the remainder of his/her life, the Insurer will pay, provided such disability has continued for a period of 104 consecutive weeks and is total, continuous, and permanent at the end of this period, a lump sum amount of \$1,000,000.

This benefit does not apply to persons aged 70 or older.

Heart or Circulatory Malfunction:

Class I only

If the Insured Person suffers a Heart or Circulatory Malfunction (myocardial infarction, angina pectoris, coronary thrombosis, or cerebral vascular accident) and all of the following conditions are met:

- the Heart or Circulatory Malfunction occurs within 24 hours of participating in an authorized tasking;
- **the insured person is under 65 years of age;**
- within two years prior to the date of such participation the Insured Person:
 - has not been medically diagnosed with a Heart or Circulatory Malfunction;
 - has not been receiving any medication or treatment for a Heart or Circulatory Malfunction

the Insurer will pay the applicable benefit of: \$250,000 for loss of life, up to \$20,000 for medical expenses, and/or the temporary total disability benefit. The Insurer will pay medical expenses up to \$250 for the initial treatment of the symptoms of a Heart or Circulatory Malfunction if the first two conditions listed above are met. No further treatment will be covered if the symptoms are diagnosed other than a Heart or Circulatory Malfunction.

Home/Vehicle Adaptation:

- alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for the Insured Person;
- modifications to a Private Passenger Automobile that are necessary to make the automobile accessible to and/or driveable by the Insured Person;
- expenses incurred for hiring of transportation services necessary to accommodate the physical disability of the Insured Person.

If Accidental Bodily Injury causes a Loss which requires the Insured Person to need Home/Vehicle Adaptation, the insurer will pay up to \$10,000 for Home/Vehicle Adaptation expenses if within two years of the Accidental Bodily Injury and the following conditions are met:

- a Physician certifies that a Home/Vehicle Adaptation is needed to accommodate the physical disability of the Insured Person; and
- the Home/Vehicle Adaptation is performed by individuals experienced in such adaptation; and
- the Home/Vehicle Adaptation is in compliance with any applicable laws or requirements for approval by the appropriate government authorities.



Family Transportation:

The transportation of a Member of the Immediate Family by the most direct route by a licensed common carrier to the confined Insured Person. If Accidental Bodily Injury causes a Loss which requires Family Transportation, the insurer will pay up to \$150 per day, to a maximum of \$10,000, within one year of the Accidental Bodily Injury if the following conditions are met:

- the Insured Person is confined in a hospital room not less than fifty kilometres from his permanent city of residence; and
- the attending Physician recommends the personal attendance of a Member of the Immediate Family.

Rehabilitation/Retraining:

The Reasonable and Customary charges for:

- treatment by a therapist licensed, registered, or certified to provide such treatment; or
- confinement in an institution, which is licensed to provide such treatment where the treatment is intended to retrain the Insured Person for work in any gainful occupation, including the Insured Person's regular occupation. The Rehabilitation/Retraining must take place under the direction of a certified vocational Rehabilitation specialist.

The Rehabilitation/Retraining benefit will be paid if an Accidental Bodily Injury causes a Loss which:

- prevents the Insured Person from performing the duties of the Insured Person's regular occupation; and
- requires the Insured Person to obtain Rehabilitation/Retraining, as determined by a Physician approved by the Insurer.

The insurer will pay up to \$10,000 for specific costs for Rehabilitation/Retraining until one of the following occurs:

- the total Rehabilitation/Retraining Benefit Amount has been paid; or
- two years have elapsed from the date of the Accidental Bodily Injury; or
- the Insured Person dies.

Medical Evacuation and Repatriation:

The Insurer will pay up to \$10,000 if Accidental Bodily Injury, illness, or disease during the course of the Insured Person's trip results in the necessary Medical Evacuation and/or Repatriation of the Insured Person. The Medical Evacuation and Repatriation must be ordered by a Physician, who certifies that the transportation and medical treatment are necessary and appropriate. The Medical Evacuation and Repatriation must be approved by the Insurer.



Education Expense:

The actual incurred costs for tuition, fees, and room and board billed by the Institution of Higher Learning for the education of the Insured Person's Dependent Child or Children. It also means costs for required books and required course supplies.

If Accidental Bodily Injury causes the Insured Person's Loss of Life, the Insurer will pay up to \$5,000 per child per year, to a maximum of \$20,000 per child. The Education Expense Benefit Amount is payable only if the Insured Person has a Dependent Child or Children at the time of the Loss who:

- are enrolled as full-time students at an Institution of Higher Learning on the date of the Insured Person's Loss of Life and incur Education Expense; or
- subsequently enrol as full-time students at an Institution of Higher Learning within two years following the date of the Insured Person's Loss of Life and incur Education Expense.

Spousal Employment Training Expense:

The actual incurred costs for tuition, fees, and room and board billed by the Institution of Higher Learning. It also means costs for required books and required course supplies. These costs must be for the Insured Person's spouse to attend an Institution of Higher Learning for the purpose of obtaining or refreshing skills needed for employment.

If Accidental Bodily Injury causes the Insured Person's Loss of Life, the Insurer will pay up to \$10,000 provided the surviving spouse incurs Spouse Employment Training Expense within three years following the date of the Insured Person's Loss of Life.

Funeral Expense:

If Accidental Bodily Injury causes the Insured Person's Loss of Life, the Insurer will pay up to \$5,000 upon receipt of reasonable evidence of Funeral Expense actually paid.

Felonious Assault:

If Accidental Bodily Injury resulting from Felonious Assault (the act of violence which occurs while the Insured Person is on the premises of the Policyholder) causes a Loss to the Insured Person that results in a payment of the Loss of Life Benefit or other Benefit Amounts for Losses covered, the Insurer will pay \$25,000.

Psychological Therapy:

The Reasonable and Customary charges for treatment or counselling by a therapist or counsellor, who is licensed, registered and certified to provide such treatment, whether on an outpatient basis or while a patient at a medical facility licensed to provide such treatment.

The Psychological Therapy Benefit Amount will be paid if, further to a tasking authorized by the Policyholder, the Insured Person requires Psychological Therapy, as determined by a Physician. The Insurer will pay up to \$5,000 until one of the following occurs:

- the total Psychological Therapy Benefit Amount has been paid; or
- two years have elapsed from the date of the Accidental Bodily Injury; or
- the Insured Person dies.



Child Care Expense:

The actual incurred costs billed by the provider for the care and supervision of the Insured Person's Dependent Child or Children under the age of thirteen years.

If Accidental Bodily Injury causes the Insured Person's Loss of Life, the Insurer will pay up to \$5,000 per child per year, to a maximum of \$20,000 per child. The Child Care Expense Benefit Amount is payable only if the Insured Person has a Dependent Child or Children under the age of thirteen for whom Child Care Expenses are incurred within three hundred sixty-five days of the Insured Person's Loss of Life.

If, on the date of the Insured Person's Loss of Life, the Insured Person's Dependent Child or Children are not eligible for Child Care Expense payments, the Insurer will pay a one-time Benefit Amount of \$2,500. If they pay this one-time Benefit Amount, they will not pay any additional Child Care Expense Benefit Amounts.

Seat Belt:

The Insurer will pay an additional 10% of the Accidental Loss of Life Benefit Amount, up to a maximum of \$50,000, if at the time of the Accident, the Insured Person suffers Accidental Loss of Life while:

- operating or riding in a Private Passenger Automobile; and
- utilizing a Seat Belt.

The Seat Belt usage must be verified by a licensed Physician, a coroner, a police officer or other person of competent authority. The Seat Belt must have been properly secured, and utilized in accordance with the recommendations of its manufacturer. A Benefit Amount will not be paid if the Insured Person is driving or riding as a passenger in any race, or contest of any type.

Excess Accidental Medical Expense:

If Accidental Bodily Injury causes the Insured Person to require medical care and treatment as a result of a covered Accident, the Insurer will pay up to \$20,000.

The Accidental Medical Expense is payable on an excess basis. The Insurer will determine the Reasonable and Customary charge for the covered Medical Expense. They will then reduce that amount by amounts already paid or payable by any other plan. They will pay the resulting amount but in no event will they pay more than \$20,000.

The Excess Accidental Medical Expense Benefit Amount does not apply to the following charges and services:

- for which the Insured Person has no obligation to pay;
- eyeglasses, contact lenses and other vision or hearing aids;
- for any injury for which Workplace Safety and Insurance Board benefits or occupational benefits are payable.



Out of Pocket Expense:

Expenses following an Accident which include, but are not limited to, costs of any lost or damaged personal effects, treatment, medicines, extra rent and conveyance by ambulance or other means of transport necessarily incurred by reason of such Accident.

If an Accidental Bodily Injury causes the Insured Person to suffer a Loss under this policy as a result of a covered Accident, the Insurer will pay up to \$1,000.

