



## Voluntary Accidental Death and Dismemberment Sun Life Assurance Company of Canada

**DISCLAIMER:** If there is a discrepancy between this summary and the policy booklet, the booklet prevails.

### Scope of Coverage

Accidental Death and Dismemberment coverage provides benefits if, due to an accident occurring while covered, you or one of your dependents die or suffer any of the losses listed in the *Table of Losses*. Any death benefit paid under this coverage is in addition to the Life coverage.

### Eligibility

All active full-time or regular part-time employees, their spouses and dependent children under 21 years of age (under 25 years if a full-time student at an Institution of higher learning) are eligible. If a child becomes handicapped before the limiting age they will remain covered if they are permanently mentally or physically challenged and incapable of self-support.

### Plan Benefit Amount & Options

**Employee Benefit Amount:** An eligible employee may select benefit amounts in increments of \$10,000, subject to a maximum amount of \$500,000.

**Adding Family Members for Coverage:** There are 2 options from which to choose. In the option where family members can be included, the eligible employee selects their own benefit amount and the family member's benefit amount is an automatic percentage of the employee's benefit amount as follows:

Option A) Employee Only – Covers the employee for the benefit amount selected.

Option B) Family – Covers the employee for the benefit amount selected and:

- i. The spouse for 50% of the employee's benefit amount and each dependent child for 15% of the employee's benefit amount;
- ii. The spouse for 60% of the employee's benefit amount if only a spouse;
- iii. Each dependent child for 20% of the employee's benefit amount if only dependent child(ren)

This benefit will be paid if you or one of your dependents:

- accidentally drown.
- disappear in an accident while travelling. This only applies if the means of transportation disappears, sinks, is wrecked, forced to land or stranded and the body is not found within one year. There must be no evidence that you or your dependent are still alive.
- are in an accident or exposed to the elements and, as a direct result, you or a dependent suffer one of the losses listed below within one year of that accident or exposure.

The amount that will be paid is a percentage of the Accidental Death and Dismemberment coverage. The percentage depends on the loss suffered. The following table shows the percentages that is used to determine the payment.

### **AMOUNT OF BENEFIT FOR EMPLOYEE AND SPOUSE**

**Table of Losses**

Loss of life	100%
Loss of both arms or both legs**	200%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot, and entire sight of one eye	100%
Loss of one arm or one leg	80%
Loss of one hand or one foot	75%
Loss of four fingers on the same hand	33%
Loss of all toes on the one foot	25%
Loss of use of both arms or both legs or combination of one arm and one leg**	200%
Loss of use of both hands or both feet or a combination of one hand and one foot	100%
Loss of use of one arm or one leg	80%
Loss of use of thumb and index finger on the same hand	33%
Loss of use of one hand or one foot	75%
Loss of thumb and index finger on the same hand	33%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of entire sight of one eye	75%
Loss of speech	75%
Loss of hearing in both ears	75%
Loss of hearing in one ear	33%
Quadriplegia**	200%
Paraplegia**	200%

Hemiplegia**	200%
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\*\*Subject to a maximum of \$1,000,000 per person.

If an employee or spouse has multiple losses as a result of one accident, the maximum amount payable shall not exceed 100% of the loss of life benefit amount with the exception of loss of use of both arms, both legs or a combination of one arm and a leg, quadriplegia, paraplegia and hemiplegia. In no event will the maximum benefit amount exceed 200%.

### ENHANCED CHILD BENEFIT

#### Table of Losses

Loss of life	100%
Loss of both arms or both legs	100%
Loss of both hands or both feet	400%
Loss of one hand and one foot	400%
Loss of one hand or one foot, and entire sight of one eye	400%
Loss of one arm or one leg	200%
Loss of one hand or one foot	200%
Loss of four fingers on the same hand	33 1/3%
Loss of all toes on the one foot	50%
Loss of use of both arms or both legs or combination of one arm and one leg**	400%
Loss of use of both hands or both feet or a combination of one hand and one foot	400%
Loss of use of one arm or one leg	200%
Loss of use of thumb and index finger on the same hand	50%
Loss of use of one hand or one foot	150%
Loss of thumb and index finger on the same hand	33 1/3%
Loss of entire sight of both eyes	400%
Loss of speech and loss of hearing in both ears	400%
Loss of entire sight of one eye	200%
Loss of speech	100%
Loss of hearing in both ears	100%
Loss of hearing in one ear	25%
Quadriplegia	400%
Paraplegia	400%
Hemiplegia	400%

Quadriplegia, paraplegia and hemiplegia will become payable after the elimination period of 365 days has been satisfied.

## **Application Information**

Premiums are deducted from your payroll and are based on the amount of the Principal Sum elected. Please refer to the cost table for more information.

### **To Apply:**

1. Select the amount, which best fits your needs from the Benefits and Monthly Cost Table.
2. Complete the application. Be sure to indicate the amount of insurance you require.
3. Return it to your Area Human Resources Office.

## **Effective Date of Coverage**

Your coverage will start on the latest of the following dates:

1. Your coverage will take effect on the effective date of this program or
2. After the effective date of this program, on the 1st of the month following the date your completed Enrolment Form is received by your employer.

## **Termination of Coverage**

Your insurance coverage stops on the earliest of the following dates:

- a) On the date this program is terminated;
- b) On the premium due date, if your employer fails to pay the insurer your premium, except as the result of an inadvertent error;
- c) On the premium due date next following the date you give notice of cancellation to your employer;
- d) On the premium due date next following the date you reach 80 years of age;
- e) On the premium due date next following the date you cease to be an eligible employee;
- f) On the premium due date next following the date you cease to be an active employee on account of leave-of-absence, lay-off, work stoppage, maternity leave, disability, resignation, dismissal, pension or retirement except as provided under the following provisions entitled:

Waiver of Premium

Continuation of Coverage During Approved Leaves

Extension of Coverage

The insurance coverage for your insured spouse and/or dependent children stops on the earlier of:

- a) The date such person ceases to be an eligible dependent;
- b) The date your insurance is terminated.

## **Increase, Decrease or Cancellation of Coverage**

You may increase or decrease your coverage by completing a new enrolment form. Increasing or decreasing your coverage may only take place once a year on July 1st. Coverage can be cancelled

## **EXCLUSIONS**

A benefit is not paid for a loss which is due to or results from:

- self-inflicted injuries by firearm or otherwise, attempted suicide or suicide (while sane or insane).
- drug overdose.
- carbon monoxide inhalation.
- flying in, entering, or exiting any aircraft owned, leased or operated by the employer or any aircraft owned, leased or operated by an employee of the employer on behalf of the employer. This exclusion does not apply to aircraft chartered with pilot or crew on a one time charter basis.
- flying in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- full-time service in the armed forces of any country. 8. commission or attempted commission of a criminal offence
- disease or illness.
- loss caused by or resulting from an insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunction.

This exclusion does not apply to loss resulting from an insured person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria.

### Accidental Death and Dismemberment Monthly Rates

Principle Sum	Employee Only	Employee and Family
\$10,000.00	\$0.14	\$0.22
\$20,000.00	\$0.28	\$0.44
\$30,000.00	\$0.42	\$0.66
\$40,000.00	\$0.56	\$0.88
\$50,000.00	\$0.70	\$1.10
\$60,000.00	\$0.84	\$1.32
\$70,000.00	\$0.98	\$1.54
\$80,000.00	\$1.12	\$1.76
\$90,000.00	\$1.26	\$1.98
\$100,000.00	\$1.40	\$2.20
\$110,000.00	\$1.54	\$2.42
\$120,000.00	\$1.68	\$2.64
\$130,000.00	\$1.82	\$2.86
\$140,000.00	\$1.96	\$3.08
\$150,000.00	\$2.10	\$3.30
\$160,000.00	\$2.24	\$3.52
\$170,000.00	\$2.38	\$3.74
\$180,000.00	\$2.52	\$3.96
\$190,000.00	\$2.66	\$4.18
\$200,000.00	\$2.80	\$4.40
\$210,000.00	\$2.94	\$4.62
\$220,000.00	\$3.08	\$4.84
\$230,000.00	\$3.22	\$5.06
\$240,000.00	\$3.36	\$5.28
\$250,000.00	\$3.50	\$5.50

Principle Sum	Employee Only	Employee and Family
\$260,000.00	\$3.64	\$5.72
\$270,000.00	\$3.78	\$5.94
\$280,000.00	\$3.92	\$6.16
\$290,000.00	\$4.06	\$6.38
\$300,000.00	\$4.20	\$6.60
\$310,000.00	\$4.34	\$6.82
\$320,000.00	\$4.48	\$7.04
\$330,000.00	\$4.62	\$7.26
\$340,000.00	\$4.76	\$7.48
\$350,000.00	\$4.90	\$7.70
\$360,000.00	\$5.04	\$7.92
\$370,000.00	\$5.18	\$8.14
\$380,000.00	\$5.32	\$8.36
\$390,000.00	\$5.46	\$8.58
\$400,000.00	\$5.60	\$8.80
\$410,000.00	\$5.74	\$9.02
\$420,000.00	\$5.88	\$9.24
\$430,000.00	\$6.02	\$9.46
\$440,000.00	\$6.16	\$9.68
\$450,000.00	\$6.30	\$9.90
\$460,000.00	\$6.44	\$10.12
\$470,000.00	\$6.58	\$10.34
\$480,000.00	\$6.72	\$10.56
\$490,000.00	\$6.86	\$10.78
\$500,000.00	\$7.00	\$11.00