



Special Risk - Accidental Death & Dismemberment Summary of Benefits



This summary, as may be amended, provides only a summary of the provisions for Accidental Death & Dismemberment coverage and the Additional Benefits. The full coverage details are contained in the policy including, without limitation, eligibility, limitations, exclusions and termination provisions. In the event of a conflict between any term set out in this summary and a term set out in the policy, to the extent of the conflict, it is the term of the policy which shall govern.

The summary is provided for information purposes only and does not create or confer any contractual rights or obligations. Possession of this summary alone does not mean that you or your dependents are covered. The policy must be in effect and you must satisfy all the requirements.

The policy and this summary contain a provision removing or restricting the right of the insured and the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.



Accidental Death & Dismemberment Eligibility and Principal Sum

Your plan provides Accidental Death & Dismemberment benefits for Injuries as a result of covered accidents. You are automatically covered for a Principal Sum amount of **\$10,000** for each Class. Summary of Eligible Benefits as applicable to each Class is outlined below. Please consult the full policy document for the full list of terms, conditions, and exclusions.

Schedule of Benefits

Benefit – Accidental Death & Dismemberment	Covered Benefit	Maximum Amount Payable per Insured Person per Accident (CAD\$)
ACCIDENTAL DEATH AND DISMEMBERMENT	YES	Percent of Principal Sum per Table of Losses
DISAPPEARANCE AND EXPOSURE	YES	Principal Sum
DOUBLE INDEMNITY	YES	\$20,000
PERMANENT AND TOTAL DISABILITY	YES	\$50,000 (Class 1, 2, 3, 4 only)
REHABILITATION	YES	\$15,000
HOME ALTERATION AND VEHICLE MODIFICATION	YES	\$15,000
WORKPLACE MODIFICATION AND ACCOMMODATION	YES	\$5,000 (Class 5 only)
PSYCHOLOGICAL THERAPY	YES	\$5,000
IN-HOSPITAL BENEFIT	YES	\$2,500/month
FAMILY TRANSPORTATION	YES	\$15,000 (Class 5 only)
REPATRIATION BENEFIT	YES	\$15,000
IDENTIFICATION BENEFIT	YES	\$5,000
DAY CARE	YES	\$5,000 (Class 5 only)
DEPENDENT CHILD EDUCATIONAL BENEFIT	YES	\$5,000 (Class 5 only)
SPOUSAL EDUCATIONAL BENEFIT	YES	\$15,000 (Class 5 only)
BEREAVEMENT BENEFIT	YES	\$1,000
SEAT BELT AND AIR BAG BENEFIT	YES	Additional 10% of Principal Sum to a maximum of \$50,000 for each Seat Belt and Air Bag
COSMETIC DISFIGUREMENT	YES	\$25,000
FRACTURE BENEFIT	YES	\$1,500
SURGICAL REATTACHMENT	YES	50% of the Loss listed on the Table of Losses
ACCIDENTAL PARAMEDICAL EXPENSE	YES	Overall Maximum \$10,000
(a) Private Duty Nursing		Sublimit of \$5,000
(b) Transportation Costs		Sublimit of \$5,000
(c) Hospital Charges		Sublimit of \$5,000



Benefit – Accidental Death & Dismemberment	Covered Benefit	Maximum Amount Payable per Insured Person per Accident (CAD\$)
(d) Rental of Wheelchair, Iron Lung or Other Durable Equipment		Included – no sublimit
(e) Licensed physiotherapist, athletic therapist, sports therapist, kinesiologist or physical therapist		Up to a combined sublimit of \$1,000
(f) Prescription Drugs and Medicines		Included – no sublimit
(g) Hearing Aid, Crutches, Splints, Casts, Trusses and Braces		Included – no sublimit
(h) Licensed chiropractor, occupational therapist, osteopath or massage therapist		Sublimit of \$1,000
(i) Services of a licensed ophthalmologist when requested by the attending Physician, including expenses for diagnostic eye tests required by the ophthalmologist		Sublimit of \$200
ACCIDENTAL DENTAL EXPENSE	YES	\$3000 Maximum period for submission: 52 weeks from the date of the accident-causing Injury
EMERGENCY OUT-OF-PROVINCE/COUNTRY ACCIDENT BENEFIT	YES	\$50,000
EMERGENCY RETURN TRANSPORTATION BENEFIT WHILE ON A SCHOOL ACTIVITY	YES	\$500
EMERGENCY TRANSPORTATION BENEFIT	YES	\$250
PRIVATE TUITION BENEFIT	YES	\$2,500 Class 1, 2, 3 and 4 only
EYEGLASSES AND CONTACT LENSES BENEFIT	YES	\$400
SPECIAL TREATMENT TRAVEL BENEFIT	YES	\$2,500
PROSTHETIC APPLIANCES BENEFIT	YES	\$10,000
CRITICAL ILLNESS EXPENSE BENEFIT	YES	\$5,600 + \$150 per day for Parent up to 30 days + travel parking expenses up to \$500 for any one illness

These benefits of the policy only apply if selected by the Policyholder (indicated by “Yes” in the Covered Benefit column) and the appropriate premium paid.



Table of Losses

TABLE OF LOSSES		Percentage Principal Sum Payable unless otherwise stated
Loss		
Loss of Life		100%
Loss of Both Hands or Both Feet		\$50,000
Loss of Entire Sight of Both Eyes		100%
Loss of One Hand and One Foot		\$50,000
Loss of One Hand and the Entire Sight of One Eye		\$50,000
Loss of One Foot and the Entire Sight of One Eye		\$50,000
Brain Death		100%
Loss of One Arm or One Leg		\$20,000
Loss of One Hand or One Foot		\$15,000
Loss of The Entire Sight of One Eye		\$15,000
Loss of Thumb and Index Finger of the Same Hand		\$10,000
Loss of Speech and Hearing		100%
Loss of Speech or Hearing		\$15,000
Loss of Hearing in One Ear		66.7%
Loss of Four Fingers of One Hand		33.3%
Loss of All Toes of One Foot		25%
Loss of Use		
Loss of Use of Both Arms or Both Hands		100%
Loss of Use of One Hand or One Foot		75%
Loss of Use of One Arm or One Leg		80%
Paralysis		
Quadriplegia (total paralysis of both upper and lower limbs)	Two times the Principal Sum up to a maximum of \$1 million	
Paraplegia (total paralysis of both lower limbs)	Two times the Principal Sum up to a maximum of \$1 million	
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	Two times the Principal Sum up to a maximum of \$1 million	

How to Claim

Accidental Death & Dismemberment

In the event of a claim, the claims department should be advised as soon as possible. You will be provided with the appropriate claim form.

The following documents are required in order to adjudicate an accidental dismemberment or loss of use claim:

- Claimant's Statement to be completed, dated and signed by the claimant
- Physician's Statement to be completed, dated and signed by the attending physician
- Employer's Statement to be completed by the employer or Benefit Plan Administrator



The following documents are required in order to adjudicate an accidental death claim:

- Claimant's Statement to be completed, dated and signed by the designated beneficiary or the executor of the estate if there is no designated beneficiary
- Death certificate (an original Provincial Death Certificate may be requested if required)
- Physician's Statement to be completed, dated and signed by the attending physician (A Coroner's Report can replace the physician's statement)
- Employer's Statement to be completed by the employer or Benefit Plan Administrator
 - We require a copy of the Beneficiary Designation or if no Beneficiary, Proof of Executor

Claims Department	Phone (English): (416) 596-4005 Phone (English/French): 1 877 317-8060 E-mail: ahclaimscan@aig.com – for new claims only
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Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), The Limitations Act (for actions or proceedings governed by the laws of Saskatchewan) or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Insurance is underwritten by AIG Insurance Company of Canada.