



Last updated July 3, 2019

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

Insurers: AIG Insurance Company of Canada
Chubb Life Insurance Company of Canada

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	Excess Accidental Medical Expenses
\$	1,000	Weekly Accident Indemnity (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	Excess Accidental Medical Expenses

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

\$	1,500,000	Principal Sum
\$	20,000	Excess Accidental Medical Expenses
\$	1,000	Weekly Accident Indemnity (seven-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	Excess Accidental Medical Expenses



Class V – Junior Members of the Policyholder

\$	50,000	Principal Sum
\$	20,000	Excess Accidental Medical Expenses

*WAI coverage includes Total Disability resulting from a traumatic event. The following conditions would have to be met:

- The traumatic event must result in Total Disability (no partial disability)
- The diagnostic of a psychological traumatism meets the generally accepted standards of medical practice
- The Total Disability is confirmed by a physician
- The Insured would have to be actively employed (Class I – Not Employed would not be eligible)

The duration of the benefit is limited to 26 weeks (instead of 104 weeks under Class I and 52 weeks under Class III)

Scope:

Class I

Injury sustained by the Insured Person while participating in any activity conducted/authorized by the Policyholder (CCGA) or the Canadian Coast Guard while participating in volunteer duties on or off the premises of the Policyholder and supervised and authorized by the Policyholder. This includes traveling directly to and from such volunteer duties, including any consecutive one-hour period which interrupts the direct travel to or from the Insured Person's residence

Class II

All circumstances, subject to the terms and conditions of the policy, to which the Insured Person may be exposed while accompanying his/her parent as described for Class I

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

Class V

Injury sustained by the Insured Person while participating in any activity conducted/authorized by the Policyholder or the Canadian Coast Guard while participating in volunteer duties on or off the premises of the Policyholder and supervised and authorized by the Policyholder. This includes traveling directly to and from such volunteer duties including any consecutive one-hour period which interrupts the direct travel to or from the Insured Person's residence



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	80%
One Hand or One Foot or Sight of One Eye	75%
Speech or Hearing	75%
Thumb and Index Finger of Either Hand	33%
Four Fingers of One Hand	33%
Hearing in One Ear	67%
All Toes of One Foot	25%
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	80%
One Hand or One Foot	75%
 <u>Paralysis Benefits</u>	
Quadriplegia (complete paralysis of both upper and lower limbs)	200%*
Paraplegia (complete paralysis of both lower limbs)	200%*
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	200%*

*Please note that the maximum payable for paralysis is \$2,000,000



Additional Benefits:

Permanent Total Disability:

Class I only

If injury shall totally and permanently disable the Insured Person and prevent the Insured Person from performing at least two of the six activities of daily living* without assistance from another person for the remainder of his or her life, the Insurer will pay, provided such disability has continued for a period of 12 months and is total, permanent, and irreversible at the end of this period, a lump sum amount of \$1,000,000 (less any amounts previously paid). **This benefit does not apply to persons aged 70 or older.**

*The six activities of daily living are as follows:

- Maintaining continence (controlling urination and bowel movements, including the ability to use ostomy supplies and other devices such as catheters)
- Transferring (moving between a bed and a chair, or a bed and a wheelchair)
- Dressing (putting on and taking off all necessary items of clothing)
- Toileting (getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene)
- Eating (performing all major tasks of getting food into the body)
- Bathing (washing in either a tub or shower, including the task of getting in or out of the tub or shower)

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 on the date of such Heart / Circulatory Malfunction**
- within two years prior to the date of such participation the Insured Person:
 - has not been medically diagnosed with a Heart or Circulatory Malfunction;
 - or
 - has not been receiving any medication or treatment for a Heart or Circulatory Malfunction

the Insurer will pay the loss of life benefit amount up to the Heart or Circulatory Malfunction benefit amount (\$250,000) provided the Insured Person suffers loss of life due to a Heart or Circulatory Malfunction within 26 weeks from participating in a tasking authorized by the Policyholder, 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 an Insured Person sustains injury which requires the Insured person to need Home/Vehicle Adaptation, the Insurer will pay up to the Home / Vehicle Adaptation benefit amount for Home / Vehicle Adaptation expenses if within two years of the injury:

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

The maximum amount payable for this benefit for all injuries resulting from any one accident is \$10,000 per Insured Person.

Family Transportation:

If an Insured Person suffers injury resulting in a loss (other than loss of life) set out in the table of losses and if such loss requires that the Insured Person be confined to a hospital located more than 50 kilometres from his or her permanent place of residence, the Insurer shall pay the reasonable and necessary expenses actually incurred for the transportation of one immediate family member to such hospital. This benefit is only payable if:

- confinement to hospital occurs within 365 days of the accident causing injury
- reimbursement of expenses is limited to the cost of one economy class return airfare via the most direct route, or the equivalent amount toward another type of common carrier transportation for such immediate family member

The maximum amount payable for this benefit for all injuries resulting from any one accident is \$10,000 per Insured Person.

Rehabilitation:

If an Insured Person suffers injury resulting in a loss (other than loss of life) for which the Insurer has paid a benefit set out in the table of losses, the Insurer shall pay the reasonable and necessary expenses actually incurred for the authorized training of the Insured Person, provided that:

- such training is required because of such injury and in order for the Insured Person to be qualified to engage in an occupation in which he or she would not have been engaged except for having suffered such injury
- training expenses are incurred within two years from the date of the accident causing such injury
- no payment shall be made for ordinary living, travelling, or clothing expenses

The maximum amount payable for this benefit for all injuries resulting from any one accident is \$10,000 per Insured Person.



Medical Evacuation and Repatriation:

The Insurer will pay up to \$10,000 for covered expenses 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. It must also be approved by AIG Assist.

Medical evacuation means the emergency transportation of the Insured Person from the location where the Insured Person is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained.

Repatriation means the transfer of the Insured Person, from the local hospital where the emergency medical care is initially given to the Insured Person's country of domicile or to the Insured Person's residence to obtain further medical treatment or to recover. Repatriation also means the necessary arrangements for the return of the Insured Person's remains to the Insured Person's place of residence in the event of the Insured Person's loss of life.

Dependent Child Educational Benefit:

If an Insured Person suffers injury resulting in loss of life for which the Insurer has paid the benefit set out in the table of losses, the Insurer will reimburse the annual tuition, not including room and board, charged by an institution of higher learning per school year for each dependent child of such Insured Person up to the lesser of the following amounts:

- \$5,000 per school year
- 5% of the Insured Person's principal sum

This benefit is payable annually up to a maximum of four consecutive payments per dependent child:

- only for such dependent child who is, at the time of such Insured Person's loss of life, enrolled as a full-time student in an institution of higher learning beyond the 12th grade level
- 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

If, on the date of the Insured Person's loss of life, the Insured Person's dependent child or children are not eligible for expense payments, the Insurer will pay a one-time benefit amount of \$2,500 in addition to the loss of life benefit amount. If the Insurer pays this one-time benefit amount, they will not pay additional Dependent Child Educational Benefit amounts.

The maximum amount payable for this benefit is \$20,000 per Insured Person.

Spousal Educational Benefit:

If an Insured Person suffers injury resulting in loss of life, for which the Insurer has paid the benefit set out in the table of losses, the Insurer will pay to the Insured Person's spouse the actual cost incurred for a professional or trades training program in which the spouse enrolls for the purpose of obtaining an independent source of support and maintenance provided such cost is incurred not later than three years after the Insured Person's loss of life.

The maximum amount payable for this benefit is \$10,000 per Insured Person.



Funeral Expense:

If an Insured Person suffers injury resulting in loss of life for which the Insurer has paid the benefit set out in the table of losses, the Insurer will reimburse the person who has incurred the actual expenses pertaining to the cremation, burial, or funeral expenses of the Insured Person.

The maximum amount payable for this benefit is \$5,000.

Felonious Assault:

If an Insured Person suffers injury resulting in loss for which the Insurer has paid a benefit set out in the table of losses, the Insurer will pay an additional benefit equal to 10% of the Insured Person's principal sum, with a maximum of \$25,000, if such injury and the resulting loss are caused by the deliberate act of another person, where such deliberate act:

- constitutes a felony, attempted felony, indictable offence, attempted indictable offence, misdemeanour, attempted misdemeanour, summary conviction offence, attempted summary conviction offence, riot, or attempted riot
- is not a moving violation as defined under the applicable province/state motor vehicle laws
- is directed at a group of Insured Employees engaged in the usual course of business or at the property or assets of the Insured Employee's Employer or at the Insured Employee as a representative of such group, or is directed at a group of Insured Persons participating in an authorized activity or at the Insured Person as a representative of such group
- is not the act of a fellow employee of the Employer, a fellow member or volunteer of the Policyholder, or a member of the Insured Person's family or household

Psychological Therapy:

If an Insured Person sustains injury which results in a loss payable under the table of losses other than loss of life, and subsequently as a result of such injury and loss, the Insured Person requires, within two years from the date of such injury, psychological therapy as prescribed by a physician, the Insurer will pay the reasonable and customary expenses for psychological therapy.

This benefit will also apply if an Insured Person suffers a diagnosed psychological traumatism, whether or not a payment is made from the table of losses.

The maximum amount payable for this benefit for all injuries resulting from any one accident per Insured Person is \$5,000.

Day Care Benefit:

If an Insured Person suffers injury resulting in loss of life for which the insurer has paid the benefit set out in the table of losses, the Insurer will pay to the legal guardian of any surviving dependent child of the Insured Person, an amount equal to the lesser of the following:

- the actual annual cost charged by a commercial and licensed day care centre
- 5% of the Insured Person's principal sum
- \$5,000 per year



This benefit is payable annually for a maximum of four consecutive payments per dependent child:

- and only for such dependent child who at the date of the Insured Person's loss of life is under age 13
- provided such dependent child is enrolled in a commercial and licensed day care centre no later than 365 days following 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 expense payments, the Insurer will pay a one-time benefit amount of \$2,500 in addition to the loss of life benefit amount. If the Insurer pays this one-time benefit amount, they will not pay additional Day Care Benefit amounts.

The maximum amount payable for this benefit is \$20,000 per Insured Person.

Seat Belt:

If an Insured Person suffers injury resulting in loss of life for which the Insurer has paid a benefit set out in the table of losses, the Insurer shall pay an additional amount equal to 10% of the Insured Person's principal sum if injury causing the loss of life results while he or she is a passenger or driver of a private passenger type automobile and his or her seat belt is properly fastened. The actual use of the seat belt must be verified and be evidenced in the official report of accident or certified by the investigating officer.

The maximum amount payable for this benefit is \$50,000 per Insured Person.

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.

Excess Accidental Medical Expense:

If accidental bodily injury causes the Insured Person to require medical care and treatment as the result of a covered accident, the insurer will pay up to \$20 000.

Medically necessary means any medical or dental service, supply, or course of treatment which:

- is ordered or prescribed by a physician or a dentist
- is appropriate and consistent with the patient's diagnosis
- is in accord with current accepted medical or dental practice
- could not be eliminated without adversely affecting the patient's condition or quality of medical or dental care

Medical services means the costs for the following medically necessary services:

- medical care and treatment by a physician or a dentist
- hospital room and board and hospital care, both inpatient and outpatient
- drugs and medicines prescribed by a physician or a dentist
- diagnostic test and x-rays
- transporting the Insured Person in an emergency transportation vehicle from the location where the Insured Person becomes injured to the nearest hospital where appropriate medical treatment can be obtained



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- dental care due to injury of functional, natural teeth
 - physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office associated with such therapy
 - treatment performed by a licensed medical professional when prescribed by a physician, if hospitalization would have been otherwise required
 - rental or durable medical equipment primarily for use, and used primarily, by people who are injured, such as a wheelchair or hospital bed
 - orthopaedic appliance or braces

This benefit 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.