



SPECIALTY LIFE ACCIDENTAL DEATH & DISMEMBERMENT POLICY

UNDERWRITTEN BY:
CHUBB LIFE INSURANCE COMPANY OF CANADA

CHUBB®

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INSURING AGREEMENT

In consideration of the application for insurance and of the payment of premiums when due as provided herein, we have issued this policy to you. We agree to pay the benefits described in this policy, subject to all of its terms, conditions and limitations.

This policy goes into effect on the effective date shown in the policy schedule, on the condition that the information provided in the application for insurance remains true and complete on such effective date and also at the time that you accept delivery of this policy, and provided the initial premium is paid when due .

In this policy, “you” or “your” means the Insured Person, and “we”, “us” or “our” means Chubb Life Insurance Company of Canada. (“Chubb Life”.)

To help you understand the insurance terms used in this policy, refer to the explanations described under the “*Terms used in this policy*” section and your policy schedule.

It is important that you read your entire policy carefully so you understand how this insurance works and so that you can evaluate if it suits your needs. If additional information about this insurance is required, please contact us at 1-877-777-1544 weekdays from 8:00 a.m. to 8:00 p.m. Eastern Standard Time (“EST”).

Ellen J. Moore
President & Chief Executive Officer
Chubb Life Insurance Company of Canada

RIGHT TO EXAMINE POLICY FOR 30 DAYS

You are allowed 30 days from the date you receive this policy to review it and to return it to us if you do not find it satisfactory. If you return it to us within this 30 day period, the policy will be cancelled as if it had never been in effect and any premium paid will be refunded to you. To cancel your policy, send your request in writing to: Chubb Life; 1400 – 25 York Street; Toronto, ON; M5J 2V5.

WHEN WILL THIS INSURANCE COVERAGE START?

Subject to the terms and conditions of this policy, the insurance coverage under this policy begins on the effective date subject to the following conditions:

- The information provided by you in the application for insurance remains true and complete on the effective date;
- The information provided by you in the application remains true and complete at the time that you accept delivery of this policy; and
- You pay the first premium when due.

If all of these conditions are not met, this policy does not come into effect.

WHEN WILL THIS INSURANCE COVERAGE END?

The insurance coverage under this policy ends on the earliest of the following dates:

- The date the insured person named in the policy schedule dies;
- The effective date of your request to cancel this policy. Refer to the section entitled “Cancellation by you”;
- The end of the grace period if the premium remains unpaid. Refer to the section entitled “Grace period”;
- The expiry date as set out in the policy schedule.

WHAT BENEFITS ARE PROVIDED BY THIS INSURANCE COVERAGE?

This policy provides the following benefits, which are described below:

1. Accidental death and dismemberment benefits; and
2. Additional benefits resulting from an accidental death or dismemberment.

There are certain limitations and exclusions that apply; please see the “When we will not pay” section of this policy.

1. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If you suffer from an injury which results in any one of the following specific losses within 1 year from the date of an accident, we will pay the percentage of the principal sum as set out in the chart below. The definitions for these losses are set out in the “Terms used in this policy” section of this policy. The principal sum amount is set out in the policy schedule.

Schedule of Losses	Percentage of Principal Sum Amount
Loss of life.....	100%
Loss of entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of use of one hand and one foot.....	100%
Loss of one hand and entire sight of one eye	100%
Loss of one foot and entire sight of one eye	100%
Loss of speech and hearing in both ears	100%
Brain death	100%
Loss of both arms, both hands, both legs or both feet	200%
Loss of use of both arms, both hands, both legs or both feet	200%
Quadriplegia	200%
Paraplegia.....	200%
Hemiplegia.....	200%
Loss of one arm or one leg	75%
Loss of use of one arm or one leg	75%
Loss of one hand or one foot	75%
Loss of use of one hand or one foot	75%
Loss of entire sight of one eye	75%
Loss of speech or hearing in both ears.....	75%
Loss of thumb and index finger of same hand	33%

Loss of use of thumb and index finger of same hand	33%
Loss of four fingers of same hand.....	33%
Loss of hearing in one ear	33%
Loss of all toes of same foot	25%

Where there is a complete severance of a hand, foot, arm or leg as described above, we will pay the amount specified above even if the severed limb is surgically reattached, whether successful or not.

In no event will we pay more than 1 (the largest) loss in respect to all injuries sustained from an accident.

Dependent child insurance coverage:

If an injury to your insured dependent child results in any one of the following specific losses within 1 year from the date of an accident, we will pay the percentage of the principal sum as set out in the chart below. The definitions for these losses are set out in the “*Terms used in this policy*” section of this policy. The principal sum amount is set out in the policy schedule.

Schedule of Losses

	Percentage of Principal Sum Amount
Loss of life.....	100%
Loss of two hands	400%
Loss of two arms.....	400%
Loss of two legs	400%
Loss of two feet.....	400%
Loss of one hand and one foot	400%
Loss of entire sight of both eyes	400%
Loss of speech and hearing in both ears	400%
Quadriplegia	400%
Paraplegia.....	400%
Hemiplegia.....	400%
Loss of one arm or one leg	200%
Loss of speech or hearing in both ears	200%
Loss of one hand	100%
Loss of one foot	100%

Where there is a complete severance of a hand, foot, arm or leg as described above, we will pay the amount specified above even if the severed limb is surgically reattached, whether successful or not.

In no event will we pay more than 1 (the largest) loss in respect to all injuries sustained from an accident.

2. ADDITIONAL BENEFITS

a. Exposure and Disappearance Benefit

Under this benefit, we will pay for a loss resulting from unavoidable exposure to the elements.

If the insured person’s body has not been found within 1 year from the date of the disappearance, stranding, sinking or wrecking of the vehicle or other conveyance in which the insured person was riding at the time of the accident, we will presume that the insured person suffered a loss of life resulting from injuries sustained in the accident.

This benefit cannot exceed the maximum amount shown in the policy schedule.

b. Repatriation Benefit

If an injury results in the insured person’s loss of life more than 150 kilometers from his or her city of permanent residence, we will pay the actual expense incurred for preparing the insured person’s body for burial and shipment of the body to the city of residence.

This benefit cannot exceed the maximum amount shown in the policy schedule.

c. Rehabilitation Benefit

In the event the insured person sustains an injury that results in a payment of an accidental death and dismemberment benefit being made by us, except for payment for loss of life, we will pay the reasonable and necessary expenses actually incurred for special training for the insured person if:

- a) the training is required because of injury and in order for the insured person to be qualified to engage in an occupation he or she would not have been engaged in, except for such injuries; and

b) expenses are incurred within 2 years from the date of the accident.

We will not pay for ordinary living, traveling or clothing expenses.

This benefit cannot exceed the maximum amount shown in the policy schedule.

d. Family Transportation Benefit

If an injury results in the insured person being confined as an in-patient in a hospital more than 150 kilometers from his or her city of permanent residence, and requires personal attendance of an immediate family member, as recommended by a doctor in writing to us, we will reimburse the expense incurred by the immediate family member, for the transportation by the most direct route by a licensed common carrier to where the insured person is confined.

This benefit cannot exceed the maximum amount shown in the policy schedule.

e. Spousal Occupational Training Benefit

When an injury results in a payment being made by us for a loss of life, we will pay the expense actually incurred by your spouse for a formal occupational training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation he or she would otherwise not have sufficient qualifications.

Expenses must be incurred within 365 days from the date of the accident.

This benefit cannot exceed the maximum amount shown in the policy schedule.

f. Home Alteration and Vehicle Modification Benefit

In the event the insured person sustains an injury that results in a payment of an accidental death and dismemberment benefit being made by us, except for a loss of life, and such injury subsequently requires the use of a wheelchair to be ambulatory, we will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

- 1) the one-time cost of alterations to the insured person's principal residence to make it wheelchair accessible and habitable; and
- 2) the one-time cost of modifications necessary to a motor vehicle utilized by the insured person to make the vehicle accessible or operable for the insured person.

This benefit payment will not be paid unless:

- a) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- b) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the provincial vehicle licensing authorities.

The maximum payable under both items 1 and 2 combined will not be more than 10% of the principal sum amount up to the maximum amount shown in the policy schedule.

This benefit cannot exceed the maximum amount shown in the policy schedule.

g. Day Care Benefit

When an injury results in a payment being made by us for loss of life we will pay the reasonable and necessary day care expenses actually incurred for any dependent child who is 12 years of age and under and enrolled in a legally licensed day care centre either on the date of the accident or within 365 days following the date of the accident.

This benefit will be paid each year for 4 consecutive years, upon receipt of satisfactory proof that the dependent child is enrolled in a legally licensed day care centre, subject to the maximum amount shown in the policy schedule

This benefit cannot exceed the maximum amount shown in the policy schedule.

h. Special Education Benefit

When an injury results in a payment being made by us for loss of life, we will also pay 5% of the principal sum amount up to the maximum amount shown in the policy schedule, for expenses actually incurred on behalf of any dependent child who, on the date

of the accident, is enrolled as a full-time student in any post-secondary institution of higher learning or was at the 12th grade level, and subsequently enrolls as a full-time student in a post-secondary school within 365 days following the date of the accident.

This benefit is payable annually for a maximum of 4 consecutive annual payments but only if the dependent child continues his education as a full-time student in post-secondary school.

This benefit cannot exceed the maximum amount shown in the policy schedule.

i. Bereavement Benefit

When an injury results in a payment for accidental death and dismemberment benefits being made by us for loss of life, we will also pay the reasonable and necessary expenses actually incurred by your spouse and dependent child, for up to 6 sessions of grief counseling, by a professional counsellor, up to the maximum amount shown in the policy schedule.

This benefit cannot exceed the maximum amount shown in the policy schedule.

j. In-Hospital Confinement Monthly Income Benefit

In the event the insured person sustains an injury that results in a payment for accidental death and dismemberment benefits being made by us, except for the loss of life, and such injury, on the recommendation of a doctor, requires the insured person to be confined in a hospital as an in-patient, we will pay for each full month, one percent (1%) of the principal sum amount, subject to the maximum amount shown in policy schedule, or 1/30th of the monthly benefit for each day of a partial month.

This benefit is paid from your 1st full day of hospital confinement, not to exceed 365 days in aggregate for each period of hospital confinement.

This benefit cannot exceed the maximum amount shown in the policy schedule.

k. Cosmetic Disfigurement Benefit

If the insured person suffers a third degree burn due to an accident, we will pay a percentage of the principal sum amount, based on which area of the body was burned according to the following table, up to the maximum amount shown in the policy schedule.

Body Part Burned	Percentage of Principal Sum Amount
Face, neck, head.....	100%
Torso (front or back).....	35%
Hand and forearm	25%
Either lower leg (below knee)	25%
Either upper arm	15%
Either thigh	10%

In the event of a 50% surface burn of the body part burned, the percentage of principal sum amount will be reduced by 50%. This table only represents the maximum percent of the principal sum amount payable for any one accident. If the insured person suffers burns in more than one area as a result of any one accident, benefits will not be more than the maximum amount shown in the policy schedule for all such areas burned.

This benefit cannot exceed the maximum amount shown in the policy schedule.

l. Seat Belt Benefit

In the event the insured person sustains an injury that results in a payment for accidental death and dismemberment benefits being made by us, we will increase your principal sum amount by 10%, up to the maximum amount shown in the policy schedule, if at the time of the accident the insured person was driving or riding in a vehicle and wearing a properly fastened seat belt.

Due proof of seat belt use must be provided as part of the written proof of loss.

This benefit cannot exceed the maximum amount shown in the policy schedule.

m. Identification Benefit

When an injury, more than 150 kilometers from the insured person’s city of permanent residence results in a payment being made by us for loss of life, we will reimburse the expenses actually incurred by an immediate family member for the transportation, by

the most direct route by a vehicle or a common carrier conveyance , and accommodations, not to exceed 3 consecutive days, when required and requested by police or similar government authority, to identify the insured person's body.

This benefit cannot exceed the maximum amount shown in the policy schedule.

WHEN WE WILL NOT PAY

We will not pay any benefits for which a loss is caused, directly or indirectly, by or resulting from any of the following:

1. a sickness;
2. suicide or any intentionally self-inflicted injury, while sane or insane;
3. the misuse of medication, or the abuse of drugs or intoxicants, or from having a blood alcohol level of 80 milligrams of alcohol in 100 millilitres of blood; or
4. committing or attempting to commit a criminal offence, or while in prison; or
5. medical or surgical treatment or complications from the treatment, except when required as a direct result of an injury; or
6. participation as a paid professional in sports, or participation in any organized motorized contest of speed, or other hazardous activities such as scuba diving, rock or cliff climbing, boxing, sky diving, parachuting, hang-gliding or bungee jumping;
7. air travel, other than as a fare-paying passenger in a certified commercial aircraft; or
8. declared or undeclared war, or any act of war, terrorism, riot or insurrection, or service in the armed forces of any country, government or international organization.

MISREPRESENTATION

If you have incorrectly stated, misrepresented or failed to disclose a material fact in your application for insurance, including in any written, telephonic or electronic statements provided as evidence of insurability, we may contest the validity of this policy. This means we can declare the policy void from the beginning.

However, except in the case of fraud, we will not challenge the validity of this policy after it has been in effect continuously for 2 years from the later of the effective date or the date the policy was last reinstated.

If there is evidence of fraud, we can declare the policy void, and will refund premium at any time. Fraud includes any misrepresentation about, or failure to disclose, information that is important to our decision to issue this policy at the premium rate we applied at the time the policy was issued.

WHEN YOUR DATE OF BIRTH OR GENDER IS MISSTATED

If your date of birth or gender has been stated incorrectly in the application of insurance, we will adjust the amount of benefits payable to the amount or total amount that would have been provided in exchange for the same premium you are paying using the correct age or gender. However, if we could not have issued this policy because the correct age does not meet our age requirements, we will declare this policy void and return all premiums paid to you.

PREMIUMS

The premium you must pay to keep this policy in force is shown in the policy schedule. The premium due date is the first of each month after the effective date. The premium rate is based on the insured person's class grouping and death benefit amount selected by you.

Premiums are due to us and must be paid on the premium due date, subject to the *Grace period* section below.

Change of Premium

We may increase or decrease your premium. We will only change your premium if a change is being made to all insured person's in the same class grouping. No one individual insured person will ever be singled out for a premium rate change.

At least 45 days prior written notice of any change in premium will be given to you. We can only change your premium once in any 12-month period.

GRACE PERIOD

A grace period of 30 days from the premium due date will be granted to you for the payment of the premium. During such grace period, coverage under this policy shall continue in force, but you will be liable to us for the payment of the premium that accrues during such period. If you do not pay the overdue premium and any premium falling due within the grace period, this policy and the coverage will automatically end without notice to the Insured or any other person. If your policy ends this way, it is called a lapse.

REINSTATING YOUR POLICY

If your policy lapsed due to non-payment of premium, you may apply to have it put back into effect. The policy may be reinstated within 30 days of the end of the grace period, by paying to us all overdue Premiums.

If this policy is reinstated, the 2 year period for contesting the validity of this policy and any limitations and exclusions begin anew from the date of reinstatement, as set out in the sections entitled "*When we will not pay*" and "*Misrepresentation*".

BENEFICIARY

We will pay benefits under this policy for your loss of life to the beneficiary you name, as set out in the policy schedule. If you make changes, we pay the beneficiary named in your latest written change request you provide to us. You can make a change at any time before your death. If the beneficiary designation is irrevocable, you cannot change it without the beneficiary's consent. If there is no beneficiary entitled that survives you, we will make the loss of life benefit payment to your estate.

All other benefits payable under this policy, including those payable for injury to your insured dependent child, will be paid to you.

MAKING A CLAIM

To make a claim, the person making the claim will need to contact us at the toll free telephone number shown below. We will then send the claimant the appropriate forms to be completed. The person making the claim must complete the forms and give us the information required to assess the claim.

Doctors may charge a fee to complete certain forms. The person making the claim is responsible for any fees for this information.

The completed claim forms and supporting information must be sent to the Administrator at the following address:

Speciality Life Accidental Death and Dismemberment Insurance
Insurance Supermarket Inc
8000 Jane Street, Tower A, Suite 101
Concord, Ontario L4K 5B8

This policy must be in effect on the date of loss. You must send the claim form and supporting documentation within one year of the date a claim arises under this policy.

For further information about claims, refer to the section of this policy entitled "*Statutory Conditions*"

CANCELLING YOUR POLICY

Cancellation by You – You may cancel this policy at any time by giving written notice to us at our address shown on the first page of this policy. The effective date of your request to cancel this policy will be the date we receive your cancellation notice. If you cancel your policy within 30 days from the date you receive this policy, any premium paid will be refunded to you. If you cancel your policy any time after this, any premium paid after we receive notice of your cancellation will be refunded to you on a pro-rated basis.

Non-Cancellable by Us – We cannot cancel your policy before the expiry date. However, in certain circumstances of misrepresentation or non-disclosure, we may declare the policy void. Refer to the sections entitled “*Misrepresentation*” and “*When your date of birth or gender is misstated*”.

Automatic Termination – Your coverage under this policy will automatically terminate immediately and without notice or further action by us, on the earliest of:

1. the premium due date following your 75th birthday;
2. the date the required premium is not paid when due after expiry of the grace period; or
3. the date of the insured person’s death.

OTHER IMPORTANT INFORMATION

Currency – All references to dollars in this policy mean Canadian dollars.

Non-Participating Insurance – This policy is not participating. This means that you do not share in the distribution of any of our profits or surpluses under this policy.

Cash Value – This policy has no cash value.

Assignment – Your rights or benefits under this policy may not be assigned.

Notices – Any official notices to us, like cancellation notices, must be in writing and be delivered or sent by mail to us at our address shown. Notices from you or a claimant should include this policy number and your name and address.

Exclusion - This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

Legal Actions – 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 or other legislation applicable in your province of residence.

STATUTORY CONDITIONS

1. THE CONTRACT

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

2. MATERIAL FACTS

No statement made by the insured or a person insured at the time of application for the contract may be used in defense of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

3. TERMINATION OF INSURANCE

- a. The contract may be terminated:
 - I. by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered, or
 - II. by the insured at any time on request.
- b. If the contract is terminated by the insurer,
 - I. the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and
 - II. the refund must accompany the notice.
- c. If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.
- d. The 15-day period referred to in subparagraph (1)(a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

4. NOTICE AND PROOF OF CLAIM

- a. The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must
 - i. give written notice of claim to the insurer
 1. by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 2. by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability,
 - ii. within 90 days after the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of
 1. the happening of the accident or the start of the sickness or disability;
 2. the loss caused by the accident, sickness or disability;
 3. the right of the claimant to receive payment;
 4. the claimant's age; and
 5. if relevant, the beneficiary's age, and
 - iii. if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim is made under the contract and, in the case of sickness or disability, its duration.
- b. Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:

- i. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
- ii. in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

5. INSURER TO FURNISH FORMS FOR PROOF OF CLAIM

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

6. RIGHTS OF EXAMINATION

As a condition precedent to recovery of insurance money under the contract,

- a. the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- b. in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

7. WHEN MONEY PAYABLE OTHER THAN FOR LOSS OF TIME

All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received proof of claim.

PROTECTING YOUR PERSONAL INFORMATION

Your privacy matters to us.

At Chubb Life, we are committed to protecting your privacy. We respect your privacy and want you to understand how we collect and use your personal information.

How We Collect Your Information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

How We Use Your Information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with other third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business. For these purposes, where a third party service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located.

You may request to review your personal information in your file or request to make a correction by writing to:

The Privacy Officer;

Chubb Life,

1400 – 25 York Street, Toronto, Ontario, M5J 2V5.

For more information on privacy at Chubb, visit <https://www2.chubb.com/ca-en/>

POLICY SCHEDULE

Policy Number	«POLICY»
Insured Person	«FORMALNAME»
Address of Insured Person	«ADDR3», «CITY» «PROVINCE» «POSTCODE»
Date of Birth	«DOB»
Insured Persons Gender	«SEX»
Effective Date:	«EFFDATE»
Expiry Date:	The Premium Due Date following the date you turn age 75
Principal Sum Amount:	«BENAMT_MI(OBADIA,0009)»
Additional Benefits Maximums	<p>Exposure and Disappearance Benefit Principal Sum Amount</p> <p>Repatriation Benefit \$15,000</p> <p>Rehabilitation Benefit..... \$15,000</p> <p>Family Transportation Benefit..... \$15,000</p> <p>Spousal Occupational Training Benefit..... \$15,000</p> <p>Home Alteration & Vehicle Modification Benefit \$50,000</p> <p>Day Care Benefit \$5,000 per year/4 years</p> <p>Special Education Benefit..... \$5,000 per year/4 years</p> <p>Bereavement Benefit \$1,000</p> <p>In-Hospital Confinement Monthly Income Benefit \$2,500 per month</p> <p>...../365 days overall maximum</p> <p>Cosmetic Disfigurement Benefit \$25,000</p> <p>Seat Belt Benefit..... \$25,000</p> <p>Identification Benefit \$15,000</p>
Premium:	<p>\$«BASEPREMIUM» «BILLFREQ»</p> <p>Premiums cannot be increased for any one single policy but are subject to change by Class Grouping.</p>
Premium Due Date:	«EFFDATE»
Beneficiary:	<p>«BNFC_MI(OBADIA)»</p> <p>The beneficiary of any payable benefits for dependent children (where Dependent Child coverage is in force) will be the Insured Person</p>
CHILD RIDER BENEFIT AMOUNT:	Not applicable
LIST DEPENDENT CHILDREN:	Not applicable

DEFINITIONS

TERMS USED IN THIS POLICY

Some words that are used in this policy have very specific meanings that are introduced in the text, set out in the policy schedule or defined below.

“Accident” means a sudden, unforeseen and unintentional event, which causes injury.

“Administrator” means Insurance Supermarket Inc., based at 8000 Jane Street, Tower A, Suite 10, Concord Ontario L4K 5B8, TEL: Toll-Free 1-888-818-1720. The “Administrator” is responsible for sales, marketing and claims administration.

“Beneficiary” means the person or persons you name in writing to receive the death benefit when the insured person dies.

“Class grouping” means a group of insured persons by occupation, age, gender and/or province or territory of residence.

“Dependent child” means either your natural child, adopted child or step-child of a dependent child and who is dependent on you for support, and who is not engaged in gainful employment more than 25 hours per week; or

- under 26 years of age, unmarried and in attendance at a post-secondary school, dependent on you for support, and who is not engaged in gainful employment more than 25 hours per week; or
- by reason of mental or physical illness, is incapable of self-sustaining employment and is considered a dependent child within the terms of the Income Tax Act (Canada).

If a dependent child is insured under this policy, his or her name will be set out on the policy schedule as an insured dependent child.

“Doctor” means a licensed doctor recognized by the College of Physicians and Surgeons in the province or country in which the treatment is rendered. The doctor must be someone other than a member of your immediate family.

“Effective date” means the date coverage begins as set out under “Effective Date” in the policy schedule.

“Hospital” means a facility that holds a valid license as a hospital (if required by law) and which meets all of the following requirements:

- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides 24 hour a day nursing service by registered or graduate nurses;
- has a staff of one or more licensed doctors available at all times;
- provides organized facilities for diagnosis and surgical facilities; and
- is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts

“Immediate family” includes your spouse, parent or stepparent, child or stepchild, brother or sister, stepbrother or stepsister, brother-in-law or sister-in-law, mother-in-law or father-in-law, and son-in-law or daughter-in-law.

“Injury” means bodily injury resulting directly and independently of all other causes from an accident, which is caused by external, violent and visible means and sustained while you are covered under this policy. Injury must result within a 365 day period after the date of the accident.

“Insured person” means the person who applied for this policy and whose name appears as the “Insured Person” on the policy schedule, as well as the listed “Insured Dependent Child” on the policy schedule.

“Loss” means:

with respect to hand or foot, the actual severance through or above the wrist or ankle joint;

with respect to arm or leg, the actual severance through or above the elbow or knee joint;

with respect to eye, the total and irrecoverable loss of sight;

with respect to speech, the total and permanent loss of speech which does not allow audible communication in any degree;

with respect to hearing, the total and permanent loss of hearing which cannot be corrected by any hearing aid or device;

with respect to “loss of thumb and index finger of same hand” or “loss of four fingers of same hand”, the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); and

with respect to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot.

“Loss” as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and

lower limbs of one side of the body), means the complete and permanent paralysis of such limbs, provided such loss of function is continuous for 180 consecutive days .

"Loss of use" means the total and permanent loss of function of an arm, hand, foot, leg or thumb and index finger of the same hand, provided such loss of function is continuous for 12 consecutive months.

"Policy" is this policy document for the insurance coverage on the life of the insured person. This policy includes any amendment or endorsement that we attach to this document.

"Policy schedule" means the policy schedule which is attached to and forms a part of this policy.

"Premium due date" means the effective date for the initial premium due, and the first day of each and every month thereafter.

"Professional counsellor" means a therapist or counsellor who is licensed, registered or certified to provide such treatment.

"Seat belt" means those belts that form a restraint system in a vehicle.

"Sickness" means a disease, illness or bodily or mental infirmity of any kind.

"Vehicle" means a private passenger vehicle, station wagon, van, or jeep-type automobile.

Specialty Life Accidental Death and Dismemberment Insurance
Underwritten by Chubb Life

Administered by:
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8000 Jane Street, Tower A, Suite 101
Concord, Ontario L4K 5B8
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