

**REPATRIATION**

If you die as the result of an accident that is at least 150 kilometers away from your home, Great-West Life will pay up to \$2,500 for the preparation and transportation of your body to the place of burial or cremation.

**EXPOSURE AND DISAPPEARANCE**

The benefit for Specified Loss will be payable as a result of a covered accident for a loss due to unavoidable exposure to the elements and, also, as a result of a disappearance due to the wrecking or sinking of a conveyance and the body is not found within 1 year.

**EXCEPTIONS FOR A.D. & D.**

No A.D.& D. benefits will be payable for any claim arising as a direct or indirect result of:

1. Suicide or self-inflicted injuries while sane or insane.
2. War, insurrection or voluntary participation in a riot, unless the member is working or residing outside of Canada, and the incident which caused the death or injury occurred in the country of residence.
3. Service in the armed forces of any country.
4. Viral or bacterial infections, any form of illness or physical or mental infirmity, or medical or surgical treatment except surgical reattachment.

**RETIREMENT/TERMINATION OF EMPLOYMENT CLAUSE**

Upon your retirement or termination of your employment, you may elect to continue your coverage by paying premiums directly to the Plan Administrator.

You may retain your coverage until the October 1st following your 70th birthday, at which time the coverage terminates. However, you may not increase your coverage, request additional family coverage or apply for the waiver of premium benefit under this plan once your P.S.A.C. membership is terminated.

You must contact the Plan Administrator upon your retirement or the termination of your employment to inform them of your decision

**REDUCTION CLAUSE**

If you were continuously insured in the Public Service Alliance of Canada's group plan on or prior to May 1, 1974, your benefits will reduce to \$1,000 for yourself, \$500 for your spouse and \$500 for each eligible child. This reduction will take place on the October 1st immediately following or coincident with your 66th birthday.

Only those dependents insured prior to your retirement are eligible for this coverage.

**PAYMENT OF BENEFITS / BENEFICIARY CLAUSE**

The life coverage is term Insurance and it is payable only if you, or one of your insured dependents should die.

The insurance on your life will be paid to the beneficiary you appoint. Payment of benefit and changes in beneficiary designation are subject to applicable government legislation. If there is no beneficiary, the benefit is payable to your estate.

NOTE: You are the beneficiary for your spouse and child life insurance.

**TERMINATION OF INSURANCE**

Insurance for a member will cease on the earliest of the following events:

1. receipt in writing by the Administrator of your request for cancellation of your coverage.
2. on the last day of the month following the month you no longer contribute towards the cost of your insurance;
3. your death;
4. your enrollment in the armed forces on a full-time basis;
5. termination of the Policy;
6. on October 1st coincident with or immediately following the date you reach age 66 (plan type 01) or age 70 (plan type 03) based on the plan type indicated on the Insurance grid. Please review the 'Reduction clause' for all exceptions;
7. for a dependant, on the date the dependant ceases to meet one of the definitions of dependant as listed under 'Eligibility' or for a spouse, on October 1<sup>st</sup> coincident or immediately following attainment of age 66 or age 70 – based on the Plan Type indicated on the insurance grid. Please review the 'Reduction clause' for all exceptions.

NOTE: All dependant benefits under Plan Type '01' will terminate upon the member's termination of coverage.

NOTE: Provisions exist for maintaining coverage for members who are not at work due to sickness, injury, lay-off, leave of absence, etc

**CONVERSION OPTION**

If your P.S.A.C. group term life insurance terminates, you may convert your Voluntary Life Insurance and that of your spouse to an individual policy. This amount must be equal to or less than your Voluntary Life amount, subject to an overall maximum of \$250,000.

The individual life insurance policy will be issued without proof of satisfactory health provided the completed application form, along with the necessary premium, is received by the insurer within 31 days of the date of termination.

The conversion policy will not include disability, double indemnity, dismemberment or accidental death provision. However, if at the time you became insured under this plan you were a resident of Québec, you may be eligible for conversion of your Accidental Death and Dismemberment Benefit.

If you or your spouse die during the 31 day period in which you are eligible to make application for conversion, the amount of Voluntary Life Insurance available for this purpose will be payable, whether or not you applied for conversion.

Certain conversion rights are also available on policy termination. Details on conversions may be obtained from your Plan Administrator.

**ADDRESS CHANGES**

It is important that the Plan administration records remain current. Should you move, be certain to advise the Plan Administrator of your change of address.

**CLAIM PROCEDURES**

If you or one of your dependents should die or suffer a dismemberment, the necessary claim form can be obtained by contacting the Plan Administrator.

**IMPORTANT**

This certificate supersedes and replaces all previous communication material.

This information summarizes the benefits and provisions of your Voluntary Insurance Plan. It does not constitute the Group Policies and is not a contract of insurance, nor does it create or confer any contractual or other rights. Every effort has been made to ensure that the information is accurate. However, if there is any question as to interpretation, all rights with respect to an insured person will be governed solely by the Group Policies issued by The Manulife Financial and The Great West Life Assurance Company to the Public Service Alliance of Canada Insurance Trust.



**COUGHLIN & ASSOCIATES LTD.**  
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**This Document is your certificate of insurance.  
 Please keep in a safe place.**

V.PSAC-LI-20090805

<p><b>P.S.A.C. GROUP LIFE INSURANCE PLAN CERTIFICATE</b>                  UNDERWRITTEN BY MANULIFE FINANCIAL AND GREAT-WEST LIFE ASSURANCE COMPANY</p> <p>Public Service Alliance of Canada                  Alliance de la Fonction publique du Canada</p> <p>Manulife Financial</p> <p>Certify that the named certificate holder is insured in accordance with the terms of the Group Policy GL17700 and 138473G0A issued to the P.S.A.C. Insurance Trust. This Certificate replaces all certificates bearing an earlier date of issue. It is not a contract of insurance. All rights with respect to interpretation will be governed by the Group Policy. The governing amount of insurance and beneficiary appointment will be those which are on file with the administrator at the time of claim. Coverage will remain in force as long as premiums continue to be paid unless otherwise stated.</p>			
«FNAME» «LNAME» «INIT» «ADDR1» «ADDR2» «CITY», «PROV»	«PCODE»	INSURANCE NUMBER: ORIGINAL EFFECTIVE DATE: DATE OF LAST CHANGE: BENEFICIARY & RELATIONSHIP: DATE OF ISSUE:	«PIN» «ORGDT» «CHGDT» «L1OE_BEN1» «L1OE_BEN2» «ISSUEDT»
INSURANCE (Canadian currency) LIFE Optional Member: «TYP_MB» Optional Spouse: «TYP_SP» Optional Child: «LIFE_CH» Insured Spouse : «SP_NAME»	AD&D PLAN TYPE	«ADD_MB» «ADD_SP» «ADD_CH»	

## P.S.A.C. VOLUNTARY LIFE INSURANCE PLAN

### ELIGIBILITY

All members in good standing, staff of the Public Service Alliance of Canada or any person designated by the Plan Trustees or the Alliance Executive Committee are eligible to participate in this Plan.

Your spouse\* and your unmarried children (including adopted, foster and step-children) who are at least 14 days but less than 19 years old are eligible. Unmarried children, who are full-time students and dependent upon you for support, will be eligible until age 25.

Any mentally or physically handicapped child may remain insured past the maximum age. The child, upon reaching maximum age, must still be incapable of self-sustaining employment and be completely dependent on you for support and maintenance.

\* Spouse means a person who either:

1. is married through an ecclesiastical or civil ceremony to you, or

2. although not legally married to you, cohabits with you in a conjugal relationship\* which has been recognized in the community in which you reside for at least one year at the time of application.

\* The term "conjugal relationship" shall be deemed to include a conjugal relationship between partners of the same sex.

NOTE: A dependent's insurance coverage terminates on the date the dependent ceases to be a dependent in the Definition of Dependant Clause. Only one spouse at any one time will be eligible for insurance under the plan.

### APPLICATION FOR COVERAGE

You and your dependents will become eligible to apply for coverage under this Plan on the first day you are actively at work and meet the eligibility requirements. A member may choose to apply for spousal coverage without seeking coverage for themselves. Insurance on a child will not be provided unless the member and /or spouse is also insured.

If you are initially insured for member only coverage, and later acquire a dependent, you may apply for dependent coverage at that time. If you are initially insured for member only coverage, and later acquire a dependent, you may apply for dependent coverage at that time.

If you are actively at work, you may apply for insurance or an increase in the amount of your or your spouse's coverage at any time, subject to the provisions specified under Evidence of Insurability.

If you are not actively at work on the date your coverage would normally become effective, coverage will commence on your return to work for full-time and full pay, and subject to satisfying eligibility requirements. However, new coverage for dependents while on maternity leave will be approved once the child is over 14 days old.

If one of your dependents is hospitalized (other than a new-born infant) on the date coverage would normally become effective, coverage on that dependent will commence on the day following discharge from the hospital. Once you are insured for dependent coverage, any dependents you subsequently acquire (other than new-born infants, who will be covered from the age of 14 days) will be insured on the date coverage would normally be effective, regardless of hospital confinement.

### EVIDENCE OF INSURABILITY

If you apply for coverage, you are required to submit Evidence of Insurability\* on behalf of yourself, your spouse and your children. If Evidence of Insurability is approved by the insurer, coverage will commence on the first day of the following month. If your Evidence of Insurability is not approved, you may still elect spousal and child coverage.

\* Evidence of Insurability consists of a brief health questionnaire to be completed by the member or spouse seeking insurance coverage.

If you apply for an increase in coverage, the increase will be subject to satisfactory evidence of good health. If such proof is not approved by the insurer, then you will remain insured for your current amount. This also applies to spousal coverage.

If you declare yourself a non-smoker\*, any change in the status must be reported by completing a form provided by the Administrator. Failure to do so will void your insurance.

\* A non-smoker is a person who has not smoked (cigarettes, cigars, pipe, etc.) or used tobacco in any form within the last 12 months.

### PAYMENT OF PREMIUMS

For members actively at work, where possible, convenient payroll deductions will be made for premium payments. Where payroll deductions are not possible, members will be invoiced on a quarterly basis for their premium payments. Retired members will be invoiced for their premiums.

Should your payroll deductions cease for any reason, please contact the Plan Administrator immediately to make arrangements to ensure coverage is not interrupted.

NOTE: Premiums are structured so that the same premiums are in effect for five year age spans. Premiums charged are amended as a member moves from one age category to the next.

### LIFE INSURANCE BENEFIT

The amount of life coverage for which you and your dependents are eligible is shown in the following schedule:

Classification	Amount of Life Insurance
Member	\$25,000 units (maximum of \$250,000)
Spouse	\$25,000 units (maximum of \$250,000)
Each eligible child	\$10,000

### WAIVER OF PREMIUM

If you should become totally disabled prior to age 70 or retirement and remain disabled for at least 9 consecutive months, you may apply to the P.S.A.C. Insurance Trust Fund for a Waiver of Premium. During the 9 month period, you are responsible for maintaining premium payments.

Should you be accepted, the Life Insurance coverage including that on your dependents will remain in force, without payment of further premium. Satisfactory proof of disability must be submitted within 36 months of the commencement of disability. Once a waiver claim is approved, payments made from the first of the month following the date of disability will be refunded by the Plan Administrator.

"Totally disabled" means you are wholly and continuously disabled due to illness or bodily injury and, as a result, you are not physically or mentally fit to perform the essential duties of your normal occupation during the qualifying period\*.

After this time, you will still be considered totally disabled provided you are unable to perform the essential duties of your normal occupation and any other occupation for which you are, or may become fitted, by education, training and /or experience.

\* Qualifying Period means the initial period of total disability (9 months) during which you become eligible to apply for the Waiver of Premium benefit.

The insurance will remain in force until the time it would normally have ceased (except for Policy termination), if you were not totally disabled. As long as you continue to be disabled, premiums will be waived. Following approval, proof of total disability will be required to be submitted periodically.

NOTE: Premiums for dependent coverage are subject to waiver only if the member also has coverage which is accepted for waiver of premium.

### TERMINATION

Members on Waiver of Premium and whose last physical day at work falls prior to April 1, 2006, coverage terminates on October 1st following their 66th birthday. Members on Waiver of Premium and whose last physical day at work falls on or after April 1, 2006, coverage terminates on October 1st following their 70th birthday.

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT (A.D. & D.)

This Plan offers you and your dependents 24-hour protection against covered accidents occurring anywhere in the world. The amount of A.D. & D. coverage is equal to the amount of Life Insurance coverage elected. The A.D. & D. coverage is payable if as a result of an accident, you or one of your covered dependents should die, or suffer a dismemberment. Therefore, in the event of an accidental death, both the Life benefit and Accidental Death benefit are paid.

"Covered Accident" means an accident causing death or bodily injury to a member or a dependent while covered under this Plan, unless specifically excluded.

### SPECIFIED LOSS

The benefit for Specified Loss is payable if, as a result of a covered accident, you or one of your dependents should suffer a loss within 24 months of the accident, as specified in the table which follows. For loss of use, the loss must be continuous for 24 months.

The percentage of the principal amount payable varies, depending on the extent of the loss, as shown in the following table.

Specified Loss	Amount Payable
Life	100 %
Both hands or both feet	100 %
Sight of both eyes	100 %
One hand and one foot	100 %
One hand and sight of one eye	100 %
One foot and sight of one eye	100 %
Speech and Hearing in both ears	100 %
One arm or one leg	75 %
One hand or one foot or sight of one eye	50 %
Speech	66 2/3 %
Hearing in both ears	66 2/3 %
Thumb and index finger or at least 4 fingers on one hand	33 1/3 %
All toes of one foot	12 ½ %
<b>Loss of Use</b>	
Both hands or both feet	100 %
One leg or one arm	75 %
One hand or one foot	66 2/3%
Hemiplegia	100 %
Paraplegia	100 %
Quadriplegia	100 %