



Optional Accidental Death and Disablement Plan

You have a basic level of Accidental Death & Disablement (AD&D) insurance under your current group benefits. Johnstone's Benefits' Optional AD&D insurance lets you top up that coverage, and it lets you insure your spouse and dependent children too. It's a benefit designed to bring you low group prices combined with a high degree of individual flexibility.

WHAT IS ACCIDENTAL DEATH & DISABLEMENT (AD&D) INSURANCE?

AD&D insurance provides coverage on a 24 hours per day / 7 days a week basis, anywhere in the world, on or off the job.

Benefits are paid to your beneficiary if death is due to an accident. Benefits are paid to you if you suffer a loss of a specified body part or loss of use of a specified body part due to an accident within 365 days of the accident.

PRINCIPAL SUM

Select Principal Sum amounts of \$100,000 for yourself up to a maximum benefit of \$300,000, select family coverage to cover your spouse and/or dependent children.

COVERAGE

Dependents Covered	Spousal Benefit	Benefit Per Child
Spouse only	50% of your Principal Sum	N/A
Children Only	N/A	10% of your Principal Sum per child, subject to a maximum of \$30,000 each child.
Spouse & Children	40% of your Principal Sum	5% of your Principal Sum per child, subject to a maximum of \$15,000 each child.

WHEN DOES COVERAGE TAKE EFFECT?

Coverage will take effect on the 1st day of the month following the date that a completed, signed and dated application is received by Johnstone's Benefits.

HOW DO I ENROL?

Complete the application on the back page and return to your Benefits Administrator.

WHO IS ELIGIBLE?

This Accidental Death and Disablement Insurance plan is available to all eligible employees under age 70, regardless of health history.

Family coverage is available (covering spouse & dependent children, as defined in the policy) and is automatically based on a percentage of the Principal Sum you select for yourself, according to your family situation at the time of loss.

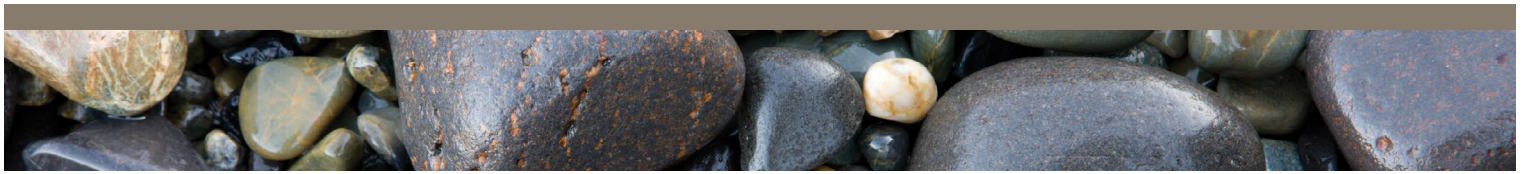
WHEN DOES COVERAGE TERMINATE?

Coverage terminates when you terminate your employment, reach age 70, request termination of this benefit or the Policy is terminated. Coverage for your dependents terminates when your coverage terminates OR when they no longer meet the definition of Spouse or Dependent Children stated herein.

When injury shall result in any of the following losses within 365 days after the date of the accident, the Insurer will pay according to the Schedule of Benefits.

SCHEDULE OF BENEFITS

Accidental Death	100%
For Loss or Loss of Use of	
Both Hands	100%
Both Feet	100%
The Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
One Arm	75%
One Leg	75%
One Hand	66-2/3%
One Foot	66-2/3%
The Entire Sight of One Eye	66-2/3%
Thumb and Index Finger or at Least Four Fingers of the Hand	33-1/3%
For Loss of	
Speech and Hearing in Both Ears	100%
Speech	66-2/3%
Hearing in Both Ears	66-2/3%
Hearing in One Ear	25%
All Toes on One Foot	25%
For Total Paralysis of	
Both the Upper and the Lower Limbs (Quadriplegia)	200%
Both Lower Limbs (Paraplegia)	200%
Both the Upper and Lower Limbs of One Side of Body (Hemiplegia)	200%



ADDITIONAL BENEFITS

In addition to the specific loss benefits, the plan also includes Repatriation, Rehabilitation, Occupational Training Benefit, Education Benefit, Aircraft Coverage, Personal Mobility Benefit, Disability Fitness Benefit, and Exposure and Disappearance. If you are disabled and are approved for Group Long Term Disability or Group Life Waiver, or are totally disabled for more than six months, coverage under this plan will also be continued without premium contribution, as long as you remain totally disabled. You also may convert your own Principal Sum benefit (but not your dependents) without evidence of insurability, up to the amount in effect at the individual rates of the Insurer in force at the time of conversion. Note: Benefit(s) will only be payable under one of the policies issued by the Insurer.

Please note that the Policy is underwritten by certain Lloyd's Underwriters through **Lions Gate Underwriting Agency**, a trading name of BMS Canada Risk Services Ltd.

ACCIDENTAL DEATH AND DISABLEMENT DEFINITIONS

"Loss" as used in the Schedule of Benefits with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete loss of one entire phalanx of the thumb; as used with reference to finger means the complete loss of two entire phalanges of the finger; as used heretofore shall also include "loss of use"; as used with reference to toe means the complete loss of one entire phalanx of the big toe and all phalanges of the other toes; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as used in the Schedule of Benefits with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Loss" as used in the Schedule of Benefits with reference to quadriplegia, paraplegia and hemiplegia means the complete and irreversible paralysis of such limbs.

"Loss of use" means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section for all losses sustained by any one Insured Person as the result of any one accident shall not exceed the Principal Sum, with the exception of quadriplegia, paraplegia and hemiplegia, where indemnity shall not exceed two times the Principal Sum. Notwithstanding the foregoing, if loss of life due to accidental death occurs within 120 days after the date of the accident for which indemnity is payable, indemnity payable under this section shall not exceed the Principal Sum.

DEFINITION OF DEPENDENTS

"Spouse" shall mean either one and one only of: (a) a person under age 70 who is legally married to the employee, and living with the employee in Canada, or (b) a person under 70, who, immediately prior to his or her loss, has been residing with the employee for a period of not less than one year if the employee has no legal spouse, or not less than three years if the employee has a legal spouse, and who has been publicly represented as the spouse of the employee during such period.

"Dependent Children" shall mean persons that are either natural children of the employee, or legally adopted children of the employee, or step-children of the employee, who are over 14 days of age, dependent upon the employee for maintenance and support, and (a) under 19 years of age and unmarried, or (b) under 25 years of age and unmarried and in attendance at an institution of higher learning, or (c) by reason of mental or physical infirmity, are incapable of self sustaining employment, reside with the employee and are totally dependent upon the employee for support within the terms of the *Income Tax Act*.

EXCEPTIONS AND EXCLUSIONS

This policy does not cover any loss, fatal or non-fatal, caused or contributed to by: **(1)** intentionally self-inflicted Injury, suicide or any attempt thereof while sane, or self-destruction or any attempt thereof while insane; **(2)** war or any act of war (whether declared or undeclared), invasion, acts of terrorism or acts of foreign enemies, civil war, rebellion, revolution or insurrection; **(3)** active full-time service in the armed forces of any country; **(4)** riding as a passenger or otherwise in any vehicle or device for aerial navigation other than as provided in the section of the policy entitled AIRCRAFT COVERAGE; **(5)** nuclear reaction, nuclear radiation or radioactive contamination.

IN CASE OF A CLAIM

Any time an accident occurs that could result in a claim, please contact Johnstone's Benefits immediately. You must report a claim within 30 days of the accident.

This summary is intended only as an outline of the insurance plan for your general guidance. The group AD&D Policy sets forth in detail the terms and conditions of the plan. The Policy (No. 10013), which is on file with your employer, shall be the governing document in all circumstances.

OPTIONAL ACCIDENTAL DEATH AND DISABLEMENT APPLICATION

Please complete this form and return it to your Benefits Administrator.

YES Please deduct from my salary the monthly premium for the Insurance for which I have applied

Coverage desired and costs (Tick the coverage desired)

MONTHLY PREMIUM

Principal Sum (Amount of Coverage)	Single	Family
\$100,000	<input type="checkbox"/> \$5.50	<input type="checkbox"/> \$7.00
\$200,000	<input type="checkbox"/> \$11.00	<input type="checkbox"/> \$14.00
\$300,000	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$21.00

Employer: _____

Employee's Full Name: _____

Beneficiary's Full Name: _____

Relationship: _____

I hereby apply for AD&D under the terms of the Master Policy, 10013, subscribed to by my Employer.

Employee Signature: _____ Date: _____

For further details about this and other products contact



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