

Your Group Benefits

Lambton Kent District School Board
Group 8499
Permanent Full Time Administration
without a Teaching Certificate





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Permanent Full Time Administration
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Effective: November 1, 2006
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Visit www.cooperators.ca/life/group for more Group Benefits information

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Introduction

INTRODUCTION

WELCOME TO YOUR GROUP INSURANCE PLAN

We are pleased to provide you with a comprehensive package of group insurance benefits provided by Co-operators Life Insurance Company. Your group insurance plan provides valuable security. This booklet describes in summary your employee benefit plan as of the date shown on the cover.

The purpose of this booklet

The purpose of this booklet is to summarize the main provisions of the master group policy, for your general guidance. If there are any discrepancies or omissions found in this booklet, the provisions of the master policy (available from your employer or plan administrator) will apply as the final basis for the settlement of all claims. You are encouraged to read this booklet carefully so that you may fully understand the benefits available to you and your dependents.

Important note

Possession of this booklet alone does not mean that you or your dependents are automatically insured. The applicable group policy must be in effect and all of the requirements of the policy must be satisfied.

As this booklet contains information that is important to you, you are encouraged to read it thoroughly and discuss any questions you have with your employer or plan administrator. Please file this booklet in a safe place with your other important documents for future reference.

To avoid delays, always include your full name and personal identification number (PID), your employer name and your group policy number on any claim forms or correspondence submitted to Co-operators Life.

Changing your records

To ensure that coverage is kept up to date for you and your dependents, it is vital that you advise your employer or plan administrator of any changes. This includes a name change, change in marital status or dependents, change of beneficiary, or application for benefits previously waived. Changes reported more than 31 days after the date of change may require health evidence of insurability.

Your Plan Administrator

Your employer and/or plan administrator is responsible for making sure that all employees are covered for the benefits they are entitled to by submitting all required premiums, reporting all new enrolments, terminations, changes etc. and by keeping all records up to date.

As a member of this Group Benefit Program, it is up to you to provide your employer/plan administrator with the necessary information to perform such duties.

THE INFORMATION CONTAINED IN THIS BOOKLET IS FOR GUIDANCE ONLY. PLEASE KEEP THIS IMPORTANT DOCUMENT IN A SAFE PLACE FOR FUTURE REFERENCE.

The master Policy G. 8499 issued by Co-operators Life Insurance Company to Lambton Kent District School Board shall be the final basis for the settlement of all claims. Where there is a discrepancy or conflict between the description in this booklet and the Policy, the terms and conditions of the Policy prevail.

Schedule of Benefits

SCHEDULE OF BENEFITS

This Schedule of Benefits must be read together with the benefits described in this booklet.

LONG TERM DISABILITY BENEFITS

Benefit Formula:	55% of monthly Salary, rounded to the next highest \$1 if not already a multiple thereof.
Monthly Benefit:	The amount calculated using the benefit formula. The maximum Monthly Benefit is the lesser of \$7,000 or the amount calculated using the formula for the All Source Maximum. Non-Evidence Maximum: \$7,000 Health Evidence Maximum: \$7,000
All Source Maximum:	85% of pre-disability Net Salary
Survivor Benefit:	3 times the Employee's last Long Term Disability Monthly Benefit amount.
Occupational Coverage:	yes, 24-hour coverage
Elimination Period:	- for accidental Injury 180 consecutive Days - for Sickness 180 consecutive Days
Own Occupation Period:	The Elimination Period and the next 36 months thereafter Any and All
Benefit Duration:	to age 65 or eligible for 66% unreduced pension, whichever first occurs.
Recurrent Total Disability:	6 months
COLA:	the CPI increase but not exceeding 2%, after 1 year of Total Disability
Tax Status:	Non-taxable
CPP Offset:	Primary
Termination age:	Employee's 65 th birthday or early retirement, whichever first occurs.
Total Disability Waiver of Premium:	Premiums are waived when Long Term Disability benefits are eligible to be made. Waiver of premium terminates at age 65.

NOTE: Pre-existing medical conditions are excluded.

Schedule of Benefits

BEST DOCTORS SERVICES (*Immediate access to the best medical knowledge*)
For Employees and Dependents

InterConsultation™	Medical advice and treatment planning
FindBestDoc™	Identifying the right care provider
FindBestCare®	Care management and cost containment
Termination age.....	65

InterConsultation, FindBestDoc and FindBestCare are registered trademarks of Best Doctors, Inc. in the United States and other countries

GENERAL INFORMATION

WHO IS ELIGIBLE TO ENROLL?

Eligibility of an Employee

To be eligible to participate in this plan you must be:

- an active employee,
- employed by the employer and actively working on a regular permanent basis, by working full-time or part-time for at least 15 hours per week and not working on a seasonal basis,
- a member of an eligible class of employees eligible for the plan of group insurance coverage,
- insured under a provincial government health insurance plan,
- under age 65.

Note that if you are a new employee, and are age 65 or over, you will not be eligible for coverage. Also, if you will reach age 65 by the end of the long term disability elimination period, you are not eligible to join the long term disability plan.

We consider you to be actively working if you are:

- actually working at your employer's place of business or a place where your employer requires you to work,
- able to perform and actually performing all the usual and customary duties of your occupation on a full pay status and on a regular and continuous basis for the number of hours regularly scheduled for that day, or
- absent due to scheduled vacation, weekends, statutory holidays or shift variances.

How do I apply for coverage?

Your employer/plan administrator can provide you with the group enrolment form and/or other forms necessary to apply for or change your group insurance coverage. You must complete and sign a group enrolment form to apply for group insurance coverage for yourself.

This form should be signed and submitted to Co-operators Life within 31 days of satisfying employee eligibility requirements. If the form is submitted after this 31-day period, it is treated as a late application and you will be required to provide health evidence of insurability. It is important to note that if you are eligible to participate in this plan, it does not mean automatic coverage.

Health Evidence of Insurability

When you submit your enrolment form, you may be asked to provide "Evidence of Insurability" before coverage begins.

You will also be required to provide medical evidence of insurability if:

- you are a late applicant (you applied more than 31 days after becoming eligible),
- you wish to apply for an amount of insurance that is more than the amount available without evidence of insurability. Refer to the Schedule of Benefits, for the relevant benefit,
- you wish to apply for coverage you previously declined.

If evidence of insurability is required, you or your dependent should complete and submit a "Group Health Evidence Form". It must be received by Co-operators Life within 60 days of being completed and signed. Otherwise, this information is considered outdated and a new form will have to be

General Information

completed. In some cases, Co-operators Life may request additional medical information from you after reviewing this form. Any charges for this information are your responsibility.

No insurance will take effect until all of the required information is received and approved, in writing, by Co-operators Life.

If you are declined for any amount in excess of the non-evidence maximum, you will still retain your coverage for the amount provided without evidence.

WHEN DOES COVERAGE BEGIN?

When does my coverage begin?

Your coverage takes effect on the later of the following dates, provided you are actively at work on that date:

- the date you satisfy the employee eligibility requirements provided your completed enrolment form is received by Co-operators Life within 31 days of becoming eligible
- if health evidence of insurability is required, the date your insurability is approved by Co-operators Life.

If you were not actively at work on the date your insurance would normally become effective or increase, then that insurance will not take effect until the first full day you are again actively at work.

Updating your records:

To ensure that coverage is kept-up-to-date, it is important that you report any of the following changes to your employer/plan administrator as soon as possible:

- change of name
- change of beneficiary

What am I insured for?

The benefits and amounts for which you are insured are indicated on your group insurance benefit form, subject to the terms of the group insurance policy. You cannot be insured for more than the amount described in the Schedule of Benefits.

When do changes in the amount of my insurance take effect?

When a change in any circumstance would make you eligible for a different amount of insurance, the amount of insurance will be adjusted as follows:

Increase in insurance:

If the change would result in an increase, the increase will be effective on the later of:

- the date of the change,
- the first full day you return to active work for full pay if you were not actively at work for full pay on the date of the change, and
- the date any required evidence of insurability is approved by Co-operators Life,

provided written request for increased insurance is received by Co-operators Life within 31 days of the date of the change.

General Information

Decrease in insurance:

If the change results in a decrease in the amount of insurance, the decrease will be effective on the date of the change.

What is meant by salary?

Your salary is the regular annual earnings (before deductions) paid to you by your employer.

Your Schedule of Benefits refers to a “Benefit Formula”. Each formula, unless it is a flat amount, is based on the reported insurable earnings that are sent (and updated on a regular basis) to Co-operators Life by your employer/plan administrator. Salary means your regular annual earnings paid by your employer to you (calculated on a work week of no more than 40 hours), exclusive of bonuses, dividends, overtime pay, expense allowances and any other extra compensation.

Wherever monthly salary is indicated, 1/12 of your annual insurable earnings will be applied. For weekly salary, 1/52 will be applied.

Excluded earnings:

In all of the above instances, bonuses, overtime pay, dividends, other expense allowances and extra compensation will be excluded.

Net salary:

Your net salary is your gross salary less involuntary deductions for federal and provincial income tax, Employment Insurance (EI) and Canada or Quebec Pension Plan (CPP or QPP).

What happens if my salary is understated or overstated?

To determine the amount of your benefit at the time of claim, your salary will be the lesser of:

- the amount reported on your claim form, or
- the amount reported by your employer/plan administrator to Co-operators Life and for which premiums have been paid.

WHEN DOES COVERAGE END?

Your coverage terminates the earliest of:

- the date your employment terminates (including retirement), or
- the date you are no longer actively at work (except for maternity/parental leave where legislated), or
- the end of a period for which premiums have been paid for your insurance, or
- the date you cease to be in a class of employees eligible for insurance, or
- the date you reach the applicable termination age specified in the Schedule of Benefits under each benefit, or
- the date of termination of your employer’s group policy.

THE CLAIMS PROCESS

How do I submit a claim?

Claim forms are available from your employer, plan administrator or from our website www.cooperators.ca/life/group. All claim forms must be correctly completed, dated and signed. Remember, always provide your group policy number and your personal identification number (PID) (found on your group benefit form) to avoid any unnecessary delays in the processing of your claim.

General Information

Proof of Claim

You are required to prove your entitlement to benefits under your plan and to provide notice of claim in accordance with the master policy provisions. You must provide information required to prove your entitlement to benefits and must also authorize Co-operators Life to obtain information from other sources for this purpose (if required).

From time to time, Co-operators Life can require that you provide us with proof of your total disability. Whenever Co-operators Life requests information or authorization, it must be submitted within the time limit requested. If not submitted within this time, you will not be entitled to benefits.

When should I submit my claim form?

To permit prompt assessment, initial notice of claim should be submitted to Co-operators Life no later than the time limits described in each benefit section. You must submit a claim for any benefits on Co-operators Life's claim form provided to you by your employer or plan administrator.

After completion, all claim forms should be sent to:

Group Claims Department
The Co-operators
1920 College Avenue
REGINA, Saskatchewan
S4P 1C4

Visit www.cooperators.ca/life/group for claim forms, cost control tips, answers to frequently asked questions, links to health & wellness sites and much more.

Third Party Liability

If you and/or your insured dependent become totally disabled due to an injury or sickness or become eligible for reimbursement of insured medical or dental expenses as a result of an injury or sickness for which a third party is, or may legally become liable, you or your dependent must sign a reimbursement agreement and submit it to Co-operators Life before any benefits will be paid. The reimbursement agreement outlines the terms for reimbursing Co-operators Life when you settle the claim with the third party. To continue to qualify for any future benefits, it is important that you and/or your dependent obtain written consent from Co-operators Life before settling any claim with the third party.

Long Term Disability Benefits

LONG TERM DISABILITY BENEFITS

What am I insured for?

To qualify for benefits, your claim must provide satisfactory proof that, while insured under this plan, you became Totally Disabled (as that term is defined in the policy) and therefore unable to work.

The purpose of this benefit is to insure for wage loss should you become totally disabled as a result of a medically diagnosed sickness or injury and unable to work. Therefore, if there is no lost income, benefits are not payable.

The monthly benefit for which you are covered is based on your monthly salary and the benefit formula indicated in the Schedule of Benefits. The amount payable is the monthly benefit amount less the reductions listed under the benefit reduction section in this booklet.

Excess Long Term Disability Insurance:

If your salary qualifies you for an amount of insurance in excess of the non-evidence maximum (NEM) shown in the Schedule of Benefits, your long term disability insurance may be increased to an amount not exceeding the health evidence maximum (HEM) shown in the Schedule of Benefits, provided evidence of good health is approved in writing by Co-operators Life.

Survivor Benefit

If you die while Long Term Disability benefits are payable, the Insurance Company will pay the amount indicated in the Schedule of Benefits, less the amount of any outstanding benefit overpayments.

The beneficiary for this benefit will be your spouse, if you do not have a spouse, the benefit will be payable to your estate.

What conditions do I need to satisfy before and during payment of benefits?

Independent Medical Assessment

It is a condition prior to the initial payment of benefits and any continuing payment of benefits that you will, if required by Co-operators Life, undergo medical assessment(s), by one or more medical practitioners chosen by Co-operators Life.

Continuous Obligation

Your obligation to undergo medical assessment exists during any period for which you claim benefits.

Participation in Rehabilitation Program

It is a condition prior to and while you are receiving benefits, that you will, where requested by Co-operators Life, participate in a rehabilitation program considered appropriate by Co-operators Life, including but not limited to an approved rehabilitation program offered through worker's compensation act or similar statute.

Long Term Disability Benefits

Pre-existing Condition Limitation

Pre-existing condition means a sickness or injury for which you sought medical investigation, diagnosis, treatment, care medication or medical advice, or for which there were symptoms which would have caused a person to seek medical investigation, diagnosis, care, treatment, medication or medical advice within the 90 days period immediately prior to becoming insured under the long term disability benefit.

No monthly benefits will be payable for any period to total disability which results directly or indirectly from a pre-existing condition, unless:

- you have not required treatment, medication, or medical advice for the condition for a continuous period of at least 90 days immediately following the effective date of your long term disability coverage, or
- you have been insured under this long term disability plan for at least 12 months (from the date your insurance became effective) and you have not been absent from work during the 12 month period as a result of the pre-existing condition. Time away from work up to 10 cumulative working days during the 12 month period will be interpreted as not being absent from work.

Payment of Monthly Benefits

During the own occupation period

Where Co-operators Life receives satisfactory proof that you:

- are and have been totally disabled since the disability date,
- have suffered a loss of income,
- are receiving and following reasonable and customary treatment prescribed and rendered by a general physician or specialist where considered appropriate by Co-operators Life, and
- have satisfied all of the other relevant conditions contained in the policy,

Co-operators Life will, subject to the provisions of the policy, pay to you a monthly benefit effective the day following the completion of the elimination period and payable for the maximum duration of your own occupation period as indicated in the Schedule of Benefits.

After the own occupation period

Where Co-operators Life receives satisfactory proof that you:

- are and have been totally disabled since the disability date,
- have suffered a loss of income,
- are receiving and following reasonable and customary treatment prescribed and rendered by a physician or where considered appropriate by Co-operators Life, a specialist, and
- have satisfied all of the other relevant conditions contained in the policy,

Co-operators Life will, subject to the provisions of the policy, continue to pay you a monthly benefit.

When will benefits begin?

Your benefits will begin the day following the end of the elimination period indicated in the Schedule of Benefits or the day following the end of period during which you are receiving weekly indemnity benefits under this plan or salary continuation benefits from any other source, whichever is later.

The elimination period refers to the time frame of total disability that must be satisfied before you qualify to make a claim for benefits. Benefits are not payable and premiums are not waived during this period.

Long Term Disability Benefits

What if I work during the Elimination Period?

If you return to work for a period of 30 consecutive days or less, your elimination period will be considered to be uninterrupted, but the days you worked will be added to the end of your elimination period.

If you return to work for more than 30 days, your elimination period will be reinstated and you will be required to satisfy the complete elimination period before benefits are eligible to be paid.

Recurrence of Total Disability

Your total disability is considered a recurrence if it arises from the same or related sickness or injury, and it begins before you have completed 6 months of continuous full-time active work.

Benefits are pro-rated for partial months

Monthly benefits payable for periods less than a full month will be pro-rated based on the actual number of days in the applicable month.

Are my benefits taxable?

Where you and all of the other employees in your classification, pay the full premium for the long term disability coverage, your monthly benefit will be non-taxable. The applicable tax status is indicated in the Schedule of Benefits.

Rehabilitation Program

"Rehabilitation Program" is a program provided at the sole discretion of Co-operators Life. A Rehabilitation Program may include rehabilitation assessment, and/or rehabilitative employment, and/or rehabilitative treatment, and/or rehabilitation services recommended and approved by Co-operators Life. The duration of a Rehabilitation Program must be approved by Co-operators Life.

Approval of Rehabilitation Program

The Insurance Company will have sole discretion in determining whether or not a rehabilitation program is appropriate and/or provided for any employee.

Once the rehabilitation program is approved, Co-operators Life may issue, if eligible, monthly benefits to a totally disabled employee who continues to participate and co-operate in an approved rehabilitation program.

The rehabilitation program will not extend beyond the end of your own occupation period (if applicable) or 24 months from the date of total disability, whichever is later, unless an extension of the duration is recommended and approved in writing by Co-operators Life.

Calculation of Monthly Benefits during a rehabilitation employment period

Where you participate in rehabilitative employment approved by Co-operators Life, the applicable Monthly Benefit will continue during the period of rehabilitative employment, but will be reduced by 50% of the rehabilitative earnings. "Rehabilitative Earnings" means the total earnings from rehabilitative employment if monthly indemnity benefits are taxable.

If monthly benefits are non-taxable, then it means the total earnings from rehabilitation employment less involuntary deductions for income tax, EI and CPP/QPP.

Long Term Disability Benefits

If the benefit is taxable, the monthly benefit may be further reduced by any amount necessary to reduce the total income you receive from all sources to 100% of the monthly salary for which you were insured immediately prior to the start of disability. If the benefit is non-taxable, the total income from all sources will be limited to 100% of the monthly salary for which you were insured immediately prior to the start of total disability less involuntary deductions for income tax, EI and CPP/QPP.

Your monthly benefits will cease on the earliest of:

- the date you refuse to participate or co-operate in any rehabilitation program recommended or approved by Co-operators Life including but not limited to any rehabilitation program offered through any worker's compensation act or similar statute, Auto Plan Benefits or Canada Pension Plan, or
- the withdrawal of Co-operators Life's approval of your rehabilitation program.

Cost of Living - Benefit Adjustment

Your long term disability benefit will be increased by a Cost of Living Adjustment ("COLA") as determined by this provision.

The first COLA will be applied on January 1 following 1 full calendar year (Jan 1 to Dec 31) of total disability from your disability date. Thereafter, the "COLA" is applied in January of each year to the monthly benefit you received in December of the previous year.

The COLA is the percentage increase in the Canadian Consumer Price Index ("CPI") for the year ending in the October immediately preceding the January 1 on which the COLA adjustment is made. There will be no adjustment if there is a decrease in the CPI.

The COLA will not exceed the percentage stated in the Schedule of Benefits.

Benefit Reductions:

What reductions occur when determining my Monthly Indemnity Benefit payment?

All Source Maximum - Ceiling on the Monthly Benefit

For non-taxable long term disability plans, the amount of your non-taxable benefit will be limited to the lesser of the amount of insurance for which you are covered or 85% of your pre-disability net monthly salary.

Your net salary is your gross salary minus involuntary deductions for federal and provincial income tax, Employment Insurance premiums (EI) and Canada/Quebec Pension Plan contributions.

For taxable long term disability plans, the amount of your taxable benefit will be limited to the lesser of the amount of insurance for which you are covered or 85% of your pre-disability gross monthly salary.

Long Term Disability Benefits

All Source Compensation - Direct Reductions

Your monthly benefit will be reduced directly by one or more of the following, which you are receiving or entitled to receive at the time your benefits commence and/or while benefits are paid:

- any government plan benefits,
- any auto plan benefits,
- any Canada or Quebec Pension Plan retirement benefits you apply for, were approved for and received after your disability date,
- any compensation for loss of income you receive from a third party or are entitled to receive after your disability date.

All Source Compensation - Indirect Reductions

Your benefit will be further reduced if the total of the following All Source Compensation and your monthly benefit exceeds 85% of your pre-disability gross monthly salary for taxable plans, your net monthly salary for non-taxable plans. If it does, your monthly benefit will be reduced by the amount in excess of 85% by:

- any amount you are entitled to under an employer funded salary replacement benefit as a result of your disability, and
- any compensation you receive or are eligible to receive while employed or while performing work of any sort, excluding rehabilitative earnings which are considered under the rehabilitation program, and
- any payment made to you by your employer as a result of termination of your employment including without limitation any payment made by way of settlement or judgement, and
- any disability benefits you are eligible to receive under any other group or association plan as a result of being an employee of a group or a member of an association.

Failure to Apply or Accept Other Benefits

Except for retirement benefits, any benefit is considered paid when you are entitled to it, whether or not it has been awarded or received. If it has not been awarded or received, Co-operators Life will have the right to estimate the income according to the terms of any plans or legislation involved. Retirement benefits are considered payable when they are actually received.

Where you do not qualify for part or all of the All Source Compensation because of failure to apply in a timely and satisfactory manner (or appeal where so advised by Co-operators Life), Co-operators Life reserves the right to reduce your monthly benefit by the amount of All Source Compensation which you would have been eligible for or received had a proper application or appeal been made.

Lump sum conversion to Monthly Benefit

Where you receive or have the option of receiving part or all of the All Source Compensation as a lump sum payment, Co-operators Life will, acting reasonably, pro-rate the lump sum payment and reduce your monthly benefit as if the lump sum had been paid on a monthly basis.

The All Source Compensation used in the direct and indirect offset sections are the All Source Compensation Benefits payable for the same period as the monthly benefits are payable.

Long Term Disability Benefits

Repayment of Benefits

Where you receive All Source Compensation that includes compensation for a period for which monthly benefits have been paid, Co-operators Life will convert the payment to a monthly payment and recalculate your monthly benefit that should have been paid. You are responsible to repay Co-operators Life any overpayment of long term disability benefits.

Total Disability Waiver of Premium

Co-operators Life will waive the long term disability premiums due while you are receiving monthly benefits. The premium waiver will begin with the first premium due after your first monthly benefits payment is made or eligible to be made.

When do my Long Term Disability Benefits terminate?

No monthly benefits will be paid beyond:

- the date you cease to be totally disabled, or
- the Benefit Duration indicated in the Schedule of Benefits or your 65th birthday, whichever first occurs, or
- the date you begin working in any occupation, except as provided for under the rehabilitation program, or
- the date you refuse to participate or co-operate in any rehabilitation program recommended or approved by Co-operators Life including but not limited to any rehabilitation program offered through workers compensation act or similar statute, or
- the date you refuse to participate or co-operate in a reasonable and customary treatment program approved by Co-operators Life, or
- the date of your death, or
- the date you retire, or were scheduled to retire, or
- the date you withdraw or receive employer funded pension funds.

A reasonable and customary treatment program is systematic treatment that is:

- generally accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of the medically diagnosed condition, and
- of a nature, intensity, frequency and duration essential to the diagnosis or management of the medically diagnosed condition involved, and
- prescribed and rendered by a physician or where considered appropriate by Co-operators Life for the nature of the medically diagnosed condition, the treatment must be prescribed and rendered by a specialist.

No monthly benefits will be payable during any period while you are:

- serving a sentence for a criminal or provincial offense whether you are imprisoned in a half-way house, a correctional facility, or any other form of detention, or
- during any 12 month period where you do not reside in Canada for at least 6 month, or
- receiving weekly indemnity benefits under this plan or salary continuation benefits from any other source, or
- on any leave of absence including maternity leave or parental leave except as provided below:

Maternity leave and parental leave

Where you become totally disabled while on maternity or parental leave, provided premiums have been paid, the elimination period will commence on your disability date and benefits will begin on the later of the end of the elimination period or the date you were scheduled to return to active work.

Long Term Disability Benefits

A scheduled maternity or parental leave is deemed to commence on the date agreed upon by you and your employer and end on the date you were scheduled to return to active work. If a child is born prior to the date upon which your maternity leave is scheduled to commence, the leave is deemed to commence on the date of birth.

If your employer is required to provide benefits during the health related portion of your maternity leave as a result of law or legislation, the elimination period will begin on the date your child is born and benefits will begin after you have satisfied the elimination period.

What limitations are there on LTD benefits?

No monthly benefits will be payable for any period of disability resulting directly or indirectly from any of the following:

- intentionally self-inflicted injury suffered whether sane or insane, or
- insurrection, war (whether declared or not), voluntary participation in a civil riot or commotion, or
- committing or provoking an assault, committing or attempting to commit a criminal offense, or
- a situation where the disability results from Injuries sustained in, or directly or indirectly from, a vehicle accident where you were driving a vehicle involved in the accident and had either:
 - alcohol in your blood in excess of 80 milligrams of alcohol per hundred millilitres of blood, or
 - your capacity impaired as a result of drug or alcohol usage, or
- medical care which is not medically necessary to treat an injury or sickness or which is of a cosmetic nature. The donation of an organ or tissue will be considered necessary medical care, or
- use of drugs or alcohol unless you are being actively supervised by and receiving continuous treatment from a rehabilitation centre or an institution provincially recognized for that treatment and approved by Co-operators Life, or
- any injury or sickness for which a third party is, or may legally be liable, except as provided for under the third party liability provision in the policy.

When and how to submit an LTD claim

Co-operators Life must receive written notice of a claim for monthly benefits within 60 days from the end of the elimination period.

Failure to furnish proof within this time will not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish the proof and that the proof was furnished as soon as was reasonably possible, but in no event will this be more than 180 days from the end of the elimination period.

Long Term Disability Benefits

If you are totally disabled and receiving benefits under any worker's compensation act or similar statute, you should still submit an application for long term disability benefits to Co-operators Life according to the above procedure. You may also be eligible to receive Canada Pension Plan (CPP) or Quebec Pension plan (QPP) disability benefits. Applications can be obtained from your nearest CPP or QPP office.

**BEST DOCTORS® – CONNECTING YOU TO THE BEST MEDICAL CARE
AVAILABLE TO YOU AND YOUR DEPENDENTS**

Call Best Doctors toll free: 1-877-971-3260

Healthcare decisions can be the most important decisions in your life when you are seriously injured or ill. Best Doctors service helps you and your eligible dependents find your way through the maze of medical information and healthcare choices to help you make informed decisions about your healthcare when it matters most.

What is Best Doctors service?

With a suspicion of a potentially serious injury or illness, you probably have many questions, about your condition, about your treatment options and who is the best doctor to consult for your condition.

Best Doctors includes three progressive services that can help answer your questions:

1. InterConsultation™ - Medical advice and treatment planning

InterConsultation provides you and your doctor with access to the latest medical technologies and the advice of world-class doctors. It is a review of your medical records by a core team of experts to assist in the development and confirmation of your diagnosis, help develop a treatment plan and prepare a report for you and your doctor to decide on the most appropriate course of action for you. With this kind of detailed information, you can make informed decisions about your care. The entire InterConsultation process typically takes 10 to 15 business days but may require additional time if further medical tests are needed. When the InterConsultation is complete, Best Doctors will consult with you and your doctor to determine how you wish to proceed.

2. FindBestDoc™ - Identifying the “right” care provider for you

At your request, Best Doctors will conduct a customized search across a constantly updated database of over 50,000 specialists who are best qualified to meet your needs. The search will be based on your criteria and geographic preference. Typically, in 5 to 10 business days after your initial request, you will receive a FindBestDoc report which outlines a list of up to three specialists that have the experience to treat your condition. You will receive details including location, professional background, availability and the information required to see the doctor. You choose where to go.

If you select a Best Doctors physician in Canada from the database, your treating physician will make the referral and Best Doctors will provide him or her with your report. If you select a Best Doctors physician outside of Canada, Best Doctors coordinates all the arrangements through FindBestCare.

3. FindBestCare® - Care management and cost containment

If you decide to travel away from home to receive treatment, Best Doctors will assist with:

- access to pre-admission arrangements with medical providers located out of Canada
- arranging travel and lodging
- arranging interpreter services
- arranging medical appointments and coordination of inquiries
- access to cost estimates and significant hospital discounts, where applicable
- verification of billings

Best Doctors®

Your policy does not reimburse you for any expenses you incur for utilization of the Best Doctors Services. You are responsible for the cost of travelling, lodging, medical tests, hospital and medical appointments and any medical treatments not covered by your provincial healthcare plan.

For which conditions may I access Best Doctors services?

If your doctor suspects that you or your eligible dependents have one of the following conditions, you may access Best Doctors services.

AIDS	Loss of speech
Alzheimer's Disease	Major organ transplant
Benign brain tumour	Major Trauma
Blindness	Motor Neuron Disease (e.g. ALS/Lou Gehrig's)
Cancer	Multiple Sclerosis
Cardiovascular conditions	Paralysis
Coma	Parkinson's Disease
Deafness	Severe burns
Kidney failure	Stroke

How do I access Best Doctors services?

To access the services, just call Best Doctors toll free number 1-877-971-3260. You will be asked to provide your group and account number.

What can I expect once I have contacted Best Doctors?

Once your eligibility is verified, a Best Doctors personal advocate will contact you to walk you through the process. You will be asked to complete the forms required to begin the process.

While you are receiving medical care, Best Doctors will review the necessary information provided by the medical specialists involved and will continually monitor the treatment process to ensure your medical priorities are being met. Throughout all three services, your personal advocate will liaise with physicians, keep you informed of their progress, coordinate your care delivery and provide you with guidance.

Best Doctors, Information When It Matters Most, the Best Doctors Logo, InterConsultation, FindBestDoc, and FindBestCare are registered trademarks of Best Doctors in the United States and other countries, and are used under license.

Co-operators Life Insurance Company Privacy Statement

Co-operators Life Insurance Company (“Co-operators”) is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

When you apply for coverage or benefits, Co-operators must gather personal information about you, your spouse or dependents.

We use this personal information for the purposes of providing group benefit plan administration services and insurance products to you.

Maintaining the security of your personal information is a top priority. Only authorized personnel have access to your information, and our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security is emphasized in our Code of Ethics and extends to the contracts and agreements that we sign with external suppliers and service providers.

Co-operators does not collect, use or disclose your personal information without your consent, except where authorized by law.

Co-operators may require your medical information to administer the group benefits plan. We do not share your medical information without your express consent.

You have the right to access your personal information. Send us your requests in writing and ask us to correct inaccurate information. The medical information not collected directly from you may only be released directly through your physician. For more information on how to obtain access to your file, you may write directly to:

Co-operators Life Insurance Company
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