BASIC ACCIDENTAL DEATH
AND DISMEMBERMENT INSURANCE PLAN

“Every year in Ontario, over 100,000 people are involved in an unpaid or paid work placement to gain work experience. A large number of employees throughout Ontario (and a small number outside of the province) participate. In every workplace setting, no matter how much care is taken, the possibility of an on site accident exists. While some employers are able to provide Workplace Safety coverage to a training participant, other employers cannot. As part of its support, the Ontario Government provides coverage through the Accident Insurance Plan to training participants placed at an employer not protected by Workplace Safety and Insurance Board coverage/compensation.

As a Training Participant …

The Ontario Government wants to ensure that while you are involved in a work experience as part of a recognised training/educational program funded by the provincial government or its Agencies, you have coverage for any accidental injury that may occur.

Through the Accident Insurance Plan, the Government provides coverage for a workplace injury while you are participating in a work placement that is authorised by or under the auspices of a Ministry-recognised training agency, government Ministry or Agency. The coverage includes:
- benefits for an accidental death or injury; and
- medical/dental benefits to treat an accidental injury.

Please note that you cannot be covered under this Plan, if you are eligible for Workplace Safety and Insurance Board coverage/compensation.

Worth Noting

Although coverage is provided for you as a training participant, under certain circumstances your family may be eligible for benefits.

Family means:
your spouse – a person to whom you are legally married; or with whom you have been living in a common-law relationship for at least one year. Only one person may qualify as a spouse at any one time.

your dependent children – any unmarried children (including adopted, foster, and step-children) who are less than 25 years old and dependent on you for financial support.
BENEFIT AMOUNT
Principal Sum Amount: $100,000.00

In the event of your death, the Benefit Amount is payable to the beneficiary you have named or in the absence of such designation, to your Estate.

Schedule of Losses

Accidental Death & Dismemberment
If such injuries shall result in any one of the following specific losses within one year from the date of the accident, ACE INA Insurance will pay the percentage of the Benefit amount, based on the amount stated under the Benefit amount section, however, that not more than one (the largest) of such benefits shall be paid with respect to injuries resulting from one accident.

Percentage of Benefit Amount
Loss of Life........................................................................................................100%
Loss of Both Hands or Both Feet.................................................................100%
Loss of Entire Sight of Both Eyes.................................................................100%
Loss 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%
Loss of Use of Both Arms or Both Hands or Both Feet.............................100%
Quadriplegia.........................................................................................100%
Paraplegia.......................................................................................100%
Hemiplegia......................................................................................100%
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.................................................................66 2/3%
Loss of Entire Sight of One Eye.................................................................66 2/3%
Loss of Use of One Hand or One Foot......................................................66 2/3%
Loss of Speech or Hearing in Both Ears....................................................66 2/3%
Loss of Thumb and Index Finger of Same Hand..........................................33 1/3%
Loss of Four Fingers of Same Hand............................................................33 1/3%
Loss of Hearing in One Ear......................................................................25%
Loss of All Toes of Same Foot..................................................................16 2/3%
Loss of One Finger.................................................................................10%

“Loss” shall mean, with respect to hand or foot, actual severance through or above the wrist or ankle joint; with respect to arm or leg, actual severance through or above the elbow or knee joint; with respect to eye, the entire and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger, the actual severance through or
above the first phalange; with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; with regard to toes, the actual severance of both phalanges of all toes of the same foot.

“Loss” as used with reference to Quadriplegia (total paralysis of both upper and lower limbs), Paraplegia (total paralysis of both lower limbs), and Hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irreversible paralysis of such limbs.

“Loss of Use” shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Insurance to be permanent.

**Permanent Total Disability**
After one year of "continuous total disability" and if you are then "permanently and totally disabled” ACE INA Insurance will pay a Permanent Total Disability Benefit of $100,000.00 less any benefits under the Schedule of Losses that have been already paid.

"Continuous total disability", which must result from such injuries and commence within 365 days after the date of accident, means complete inability during the first year to perform the substantial and material duties of your occupation.

"Permanently and totally disabled" means your complete inability, after one year of continuous total disability as defined above, to engage in any occupation or employment for which you are fitted by reason of education, training or experience for the remainder of your life.

**Accident Weekly Indemnity**
If within 30 days from the date of the accident such injuries prevent you from participating in the training program and/ or performing every duty pertaining to your usual occupation, ACE INA Insurance will pay Weekly Indemnity in the amount of 90% of Ontario minimum wage per week from the 7th day of the disability for the consecutive period thereof not exceeding a maximum of 104 weeks or attainment of age 65. During which you are seeing a physician for the consecutive period.

**Accident Medical Reimbursement Expense**
If on account of such injuries you require treatment by a legally qualified physician or surgeon, ACE INA will pay for the following medical services and supplies to a maximum of $25,000 for treatment expenses incurred within 2 years after the date of the accident:
1. Private duty nursing by a licensed graduate nurse (R.N.) or other recognised attendant care person who does not ordinarily reside in the Insured Person’s home or is not a member of his or her immediate family;
2. Transportation recommended by a legally qualified physician or surgeon when such service is provided by a professional ambulance service.
3. Hospital Care for semi-private room and board, up to $75.00 a day over the cost of standard ward care;
4. Rental of a wheelchair; iron lung and other durable equipment for a therapeutic treatment not to exceed the purchase price prevailing at the time rental becomes necessary;
5. Reasonable and Customary charges for a chiropractor, osteopath, chiropodist, naturopath, podiatrist physiotherapist, speech and message therapist if OHIP benefits been used up;
6. Drugs and medicines which legally require a written prescription and prescribed by a legally qualified physician or surgeon and dispensed by a pharmacist;
7. Expenses for hearing aids, crutches, casts, cast materials, splints, trusses, braces or other orthotic or prosthetic devices if prescribed by a legally qualified health care practitioner;

Reimbursement will be to the extent that such expenses exceed and do not duplicate the cost of any such services covered under the terms of any statutory plan of health insurance services.

**Accident Dental Expense**
When injury to whole and sound teeth shall, within thirty (30) days from the date of the accident, require treatment, replacement or x-rays by a legally qualified dentist or dental surgeon, ACE INA Insurance will pay the necessary expense actually incurred therefore by or behalf of you within fifty-two (52) weeks after the date of the accident, not to exceed in the aggregate the amount of $2,000.00 as the result of any one accident.

Teeth which have been capped or crowned shall, for purposes of this policy, be considered whole and sound except where they have undergone endodontics treatment. If an injury to a capped or crowned tooth causes damage to the remaining tooth structure requiring the preparation of a new cap or crown, the policy shall cover the cost of treatment necessitated thereby. If a cap or crown is damaged or dislodged without injury to the remaining tooth structure, the policy shall not cover the cost of treatment necessitated thereby.

Any payments made under this section shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory of the Insured Person's residence.

**Repatriation Benefit**
When injuries covered by this plan result in a loss of life outside 50 km from your city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, ACE INA Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed $10,000.00.

**Rehabilitation Benefit**
When injuries result in a payment being made by ACE INA Insurance under any benefit excluding the Loss of Life benefit, ACE INA Insurance will also pay the reasonable and necessary expenses actually incurred up to a limit of $10,000.00 for special training provided:
(a) such training is required because of such injuries and in order for you to become qualified to engage in an occupation in which you would not have been engaged except for such injuries;
(b) expenses are to be incurred within three years from the date of the accident;
(c) no payment will be made for ordinary living, traveling, or clothing expenses.

**Spousal Occupational Training Benefit**
When injuries to you result in a payment being made by ACE INA Insurance under the Loss of Life benefit, ACE INA Insurance will pay the expenses 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 for which your spouse would otherwise not have sufficient qualifications. Actual expenses must be incurred within three years of the loss of life.

The maximum payable $10,000.00.

**Family Transportation Benefit**
When injuries result in your confinement as an in-patient in a hospital outside 150 km from your city of permanent residence or outside Canada and requires personal attendance of a member of your immediate family as recommended by the attending physician, in writing, ACE INA Insurance will pay for the expense incurred by your family member. Transportation must be by the most direct route by a licensed common carrier to you, while confined, but not to exceed an amount of $10,000.00.

“Member of your immediate family” means your spouse, (legal or common-law), parents, grandparents, children, over age 18, brother or sister.

**Home Alteration and Vehicle Modification Benefit**
In the event you sustain an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Insurance will pay the reasonable and necessary expenses actually incurred within three years from the date of the accident for:

1. the one-time cost of alterations to your principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by you to make the vehicle accessible or driveable for you.

Benefit payments herein will not be paid unless:

(i) 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
(ii) 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 will not exceed $10,000.00.

**Day Care Benefit**
If you suffer a loss of life in a covered accident while the policy is in force, ACE INA Insurance will pay, in addition to all other benefits payable under the policy a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your Benefit amount or a maximum of $5,000 per year, on behalf of your dependent child who is enrolled in a legally licensed Day Care centre on the date of the accident or who enrolls in a legally licensed Day Care centre within 365 days following the date of the accident.

The "Day Care Benefit" will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that your child is enrolled in a legally licensed Day Care centre.

"Dependent Child" means either a legitimate or illegitimate child, adopted child, step-child or foster child or any child who is in a parent-child relationship with you and who is unmarried, thirteen (13) years of age and under and dependent upon you for maintenance and support.

If at the time of the accident, there are no dependent children who qualify, ACE INA Insurance will pay an additional benefit of $2,500 to the designated beneficiary.

**Special Education Benefit**

If you suffer a loss of life in a covered accident while the policy is in force, ACE INA Insurance will pay, in addition to all other benefits payable under this policy, a “Special Education Benefit” up to 5% of your Benefit amount, (subject to a maximum of $5,000 per year), on behalf of any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The "special education benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning. If at the time of the accident, there are no dependent children who qualify, ACE INA Insurance will pay an additional benefit of $2,500 to the designated beneficiary.

**Eye Glasses and Contact Lens Benefit**

ACE INA Insurance shall pay the reasonable expenses, except expenses which have been recovered from, or which could have been recovered from:

- any Provincial Hospital Plan and/or
- any other group or individual insurance contract or health plan

incurred by you, by reason of injury, within 365 days after the date of accident for the purchase of eyeglasses or contact lenses upon the advise of a legally qualified physician or ophthalmologist, other than you.

The Maximum amount payable under this Benefit with respect to all expenses incurred as a result of one accident shall be the lesser of:

- Actual expenses incurred; or
$200.00
Such expenses are recoverable if medical treatment by such physician or ophthalmologist is required as the result of accident, and:
- Neither eyeglasses or contact lenses were worn by you and are now prescribed as the result of such accident; or
- If you required medically subscribed eyeglasses or contact lenses prior to the date of accident and such eyeglasses or contact lenses must be replaced; because of a change in vision as a result of accident; or if such eyeglasses or contact lenses were broken or lost as the result of accident.

Funeral Expense Benefit
When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, the company will pay the actual expense incurred for customary funeral expenses but shall not exceed the maximum amount of $5,000.00.

The term “customary funeral expenses” as used in this policy means the services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased Insured Person and the cost incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or internment of the deceased including a plaque, tombstone or monument.

Exclusions
This policy does not cover loss caused by or resulting from any one or more of the following:

1. Intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;

2. Declared or undeclared war or any act thereof;

3. Accident occurring while the Insured Person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the Company pro-rata for any such period of full-time active duty);

4. Travel or flight in any vehicle or device for aerial navigation; except to the extent such travel or flight is provided in Schedule VI.

5. Injury sustained while committing or attempting to commit a criminal offense;

6. Injury sustained while legally intoxicated from the use of alcohol or under the influence of drugs, unless taken as prescribed for, or administered by a qualified physician.

Exposure and Disappearance
Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you.

If your body has not been found within one year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident, it shall be
presumed, subject to all other conditions of this policy, that you suffered a loss of life resulting from bodily injuries sustained in an accident covered under this policy.

Claim Procedures
To make a claim, inform your programme co-ordinator about your accident as soon as it happens. Keep in mind that the initial claim must be made within a 30-day period after the accident occurs and subsequent proof of claim must be submitted to ACE INA within 90 days from the date of accident. Any other insurance you may have, i.e., government, spouse, parent, etc. first pays for any eligible expenses and this Accident Insurance Plan will cover any excess eligible expenses. Your programme co-ordinator will provide you with a claim form and assist you in completing the documentation.

If you have any questions regarding a claim, please call the Claim Department of the ACE INA at:
Toronto – (416) 368-2911
All other areas – 1-877-772-7797

Underwritten by ACE INA Insurance
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