



**McMaster University  
Voluntary Accidental Death & Dismemberment Insurance**

**(AD&D)**

**CHUBB Insurance Company of Canada  
Policy #6477 45 51-04**

# CHUBB Insurance Company of Canada

## SCOPE OF INSURANCE

This Voluntary Accident Insurance Plan provides accident coverage 24 hours a day...365 days a year...worldwide...on or off the job. The insurance applies to accidental bodily injury occurring anywhere on land, water and during air travel (except as limited by the exclusions explained below).

## ELIGIBILITY

All active full-time or regular part-time employees, their spouses and dependent children under 21 years of age (under 25 years if a full-time student at an institution of higher learning) are eligible. Any dependent child of an insured employee who is permanently mentally or physically challenged and incapable of self-support is eligible for coverage, at any age.

**Domestic Partner:** Whenever the term "spouse" is used in the policy, the term includes a domestic partner, defined as follows:

Domestic Partner means a person who is at least eighteen (18) years of age, and who throughout the past twelve (12) months has been in a committed relationship with the employee, and has been the employee's sole spousal equivalent, and has resided in the same household as the employee, and who intends to continue the relationship described above indefinitely.

## PLAN BENEFIT AMOUNTS & OPTIONS

### Employee benefit amount:

An eligible employee may select benefit amounts in increments of \$10,000, subject to a maximum of \$500,000.

### Adding family members for coverage:

To suit your employees' specific needs, there are two (2) options from which to choose. In the option where family members can be included, the eligible employee selects his or her own benefit amount, as described above, and the family member's benefit amount is an automatic percentage of the employee's benefit amount, as follows:

**Option A: Employee Only** – Covers the employee for the benefit amount selected.

**Option B: Family** – Covers the employee for the benefit amount selected and:

- a) the spouse for 50% of the employee's benefit amount and each dependent child for 15% of the employee's benefit amount;
- b) the spouse for 60% of the employee's benefit amount if only a spouse; or
- c) each dependent child for 20% of the employee's benefit amount if only dependent child(ren);

## ACCIDENTAL LOSS OF LIFE & DISMEMBERMENT COVERAGE

If accidental bodily injury causes the following losses within one year of the date of the accident which are not otherwise excluded to an insured while the policy is in force, the Insurance Plan provides the following benefits:

***Applicable to Employee and Covered Spouse:***

**For Loss Benefit Amount**

Life	100%
Speech and Hearing	100%
Both Hands, Both Feet or Sight of Both Eyes or a Combination of A Hand, a Foot or Sight of One Eye	100%
One Arm or One Leg	75%
One Hand, One Foot or Sight of One Eye	67%
Speech or Hearing	67%
Thumb and Index Finger of Either Hand	33%
Hearing in One Ear	33%
All Toes of One Foot	25%

**For Loss of Use of**

Both Hands or Both Feet or a Combination of A Hand and a Foot	100%
Both Arms or Both Legs or a Combination of An Arm and a Leg	100%
One Arm or One Leg	75%
One Hand or One Foot	67%

**Paralysis**

Quadriplegia/Paraplegia/Hemiplegia	200%
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***Applicable to Covered Dependent Children:***

**For Loss of Benefit Amount**

Life	100%
Speech and Hearing	400%
Both Hands, Both Feet or Sight of Both Eyes or a Combination of A Hand, a Foot or Sight of One Eye	400%
One Arm or One Leg	200%
One Hand, One Foot or Sight of One Eye	200%
Speech or Hearing	100%
Thumb and Index Finger of Either Hand	50%
All Toes of One Foot	50%
Hearing in One Ear	25%

**For Loss of Use of**

Both Hands or Both Feet or a Combination of A Hand and a Foot	400%
Both Arms or Both Legs or a Combination of An Arm and a Leg	400%
One Arm or One Leg	200%
One Hand or One Foot	150%

**Paralysis**

Quadriplegia/Paraplegia/Hemiplegia

400%

**MULTIPLE LOSSES MAXIMUM PAYMENT CLAUSE**

For those coverage(s) listed below, if an Insured Person has multiple Losses as the result of one Accident, the maximum amount payable shall not exceed 100% of the Loss of Life Benefit Amount, with the exception Quadriplegia, Paraplegia or Hemiplegia:

Accidental Loss of Life & Dismemberment  
Loss of Use  
Paralysis

**TERMS AND CONDITIONS**

**Definitions:**

“**Loss**” with reference to speech means the permanent and irrecoverable loss of the capability of speech without the aid of mechanical devices; with reference to hearing means the permanent and irrecoverable loss of hearing in both ears.

“**Loss**” with reference to hand or foot means complete severance through or above the knuckle joint of at least four fingers or three fingers and a thumb or the ankle joint; with reference to arm or leg means complete severance through or above the elbow or knee joint; with reference to sight of an eye means the permanent loss of vision in one eye; and with reference to thumb and index finger means complete severance through or above the knuckle joints of the thumb and index finger.

“**Paralysis**” means complete and irreversible loss of all motion or all practical use of an arm or leg provided the loss is continuous for 12 consecutive months.

“**Loss of Use**” means the permanent and total inability of the specified body part to function.

**Exposure & Disappearance**

If the insured has not been found within one (1) year of the disappearance, stranding, sinking, wrecking or breakdown or any conveyance in which the employee was covered as an occupant, it will be assumed, subject to all other terms of the policy, that the employee has suffered Loss of Life under the policy.

Accident includes unavoidable exposure to elements.

**Beneficiary Designation**

The Loss of Life Benefit will be paid to the Beneficiary designated by the insured, or if not designated, to the first surviving class in the following order:

- 1) the insured’s spouse;
- 2) in equal shares to the insured’s surviving children;
- 3) in equal shares to the insured’s surviving parents;
- 4) in equal shares to the insured’s surviving siblings;
- 5) to the insured’s estate.

All other Benefits are paid to the insured.

## **ADDITIONAL BENEFITS**

### **Child Care Expense**

(Applicable following the covered accidental death of the employee or spouse.)

If the employee or a covered spouse suffers accidental loss of life, this benefit helps pay for the child care of covered dependents under the age of thirteen (13) who are enrolled within one (1) year of the loss of life.

The Child Care Expense benefit will be paid for actual costs incurred, up to \$5,000 for each eligible child per year, up to the maximum total payment of \$25,000 for all children and all years.

If on the date of loss of life no covered dependents are eligible for the Child Care Expense benefit, a one-time benefit amount of \$2,500 will be paid.

### **Common Accident**

(Applicable following the covered accidental death of the employee and spouse.)

If the employee and a covered spouse die in a single covered accident or separate covered accidents that occur within 24 hours and leave surviving dependent children, the loss of life benefit for the spouse increases to the employee's loss of life benefit amount. This means the policy pays two (2) times the employee's loss of life benefit amount.

### **Education Expense**

(Applicable following the covered accidental death of the employee or spouse.)

If the employee or a covered spouse suffers accidental loss of life, this benefit helps pay for the higher education of covered dependents who are enrolled or who enroll in a private or public college, university or professional trade school (above 12th grade) within two (2) years of the loss of life.

Education Expense benefits are payable for actual incurred costs for tuition, fees, room and board billed by the institution of higher learning and for required books and course supplies, up to \$6,000 annually for each eligible child for four (4) consecutive years.

If on the date of the employee's or spouse's accidental loss of life no dependents are eligible for the Education Expense benefit, a one-time benefit amount of \$2,500 will be paid.

### **Family Transportation**

(Covers all insureds.)

If an accidental bodily injury causes the insured to suffer a covered loss which results in confinement in a hospital more than fifty (50 km) kilometres away from the insured's permanent residence and the attendance of an immediate family member is recommended by the attending physician, a benefit amount of up to \$10,000 for transportation costs of that family member will be paid.

"Immediate Family" includes spouse (legal or common-law), parent, grandparent, child aged eighteen (18) and over and sibling.

### **Funeral Expense**

(Covers all insureds.)

If an insured suffers accidental loss of life, this benefit will pay for funeral expenses actually incurred up to \$5,000.

### **Home /Vehicle Adaptation**

(Covers all insureds.)

If an accidental bodily injury causes an insured to suffer a covered loss which results in a physician determining that Home/Vehicle Adaptation is needed to accommodate a physical disability, a benefit of up to \$10,000 will be paid for home alterations or vehicle modifications.

Home/Vehicle Adaptation also includes expenses incurred for hiring of transportation services necessary to accommodate the physical disability of the employee.

### **Identification Benefit**

(Covers all insureds.)

If an accidental bodily injury causes the insured to suffer a loss of life more than fifty (50 km) kilometres away from the insured's permanent residence and the attendance of an immediate family member is necessary for identifying the body, a benefit amount of up to \$5,000 for accommodation and transportation costs of that family member will be paid.

"Immediate Family" includes spouse (legal or common-law), parent, grandparent, child aged eighteen (18) and over and sibling.

### **Psychological Therapy**

(Covers all insureds.)

If an accidental bodily injury causes an insured to suffer a covered loss which results in a physician determining that psychological therapy is required for the insured, this benefit pays reasonable and customary psychological therapy charges incurred within two (2) years from the date of loss, up to a maximum of \$5,000.

This coverage is excess over any other insurance, which means after all other indemnity plans or other form of reimbursement have been exhausted, this coverage will reimburse the amount not covered, provided the amount is equal to or less than the reasonable and customary charge.

Psychological therapy means treatment or counseling by a therapist or counselor who is licensed, registered or certified to provide such treatment, whether on an out-patient basis or while a patient is at a medical facility licensed to provide such treatment.

### **Rehabilitation**

(Covers all insureds.)

If an accidental bodily injury causes an insured to suffer a covered loss which results in a physician determining rehabilitation is required, this benefit pays reasonable and customary rehabilitation charges incurred within two (2) years from the date of the loss, up to a maximum of \$10,000.

This coverage is excess over any other insurance, which means after all other indemnity plans or other form of reimbursement have been exhausted, this coverage will reimburse the amount not covered, provided the amount is equal to or less than the reasonable and customary charge.

### **Repatriation**

(Covers all insureds.)

If the insured suffers accidental loss of life more than fifty (50 km) kilometres from the insured's permanent residence, the actual expenses incurred for preparing the deceased for burial or cremation and shipment of the body to the city of residence of the deceased up to \$10,000 will be paid.

### **Seat Belt Benefit**

(Covers all insureds.)

If a motor vehicle accident causes an insured's accidental loss of life while operating or riding in a private passenger automobile and using a seat belt, this benefit pays an additional amount equal to 10% of the loss of life benefit amount, up to a maximum of \$50,000. If it cannot be determined if the covered person was wearing a seat belt at the time of the accident, a limited additional benefit of \$3,000 will be paid in addition to the applicable loss of life benefit amount.

Seat Belt includes child restraint device, which meets the Canadian Motor Vehicle Standards administered by Transport Canada and has been installed in accordance with the manufacturer's instructions.

### **Spouse Employment Training Expense**

(Applicable following the covered accidental death of the employee.)

If the employee suffers accidental loss of life, this benefit helps pay for the covered spouse's expenses associated with training to obtain or refresh skills needed for employment. To be eligible, the spouse must enroll, within three (3) years of the employee's loss of life, in a public or private college, university or professional trade school (above the 12th grade).

The Spouse Employment Training Expense benefit is payable for the actual incurred costs for tuition, fees, room and board billed by an institution of higher learning and for required books and course supplies, up to a maximum benefit of \$10,000.

### **Conversion Privilege**

In the event the employee's insurance under this policy ceases for any reason other than termination of this policy, the employee is eligible to convert the insurance under this policy into an individual accident policy. Such policy will be issued without evidence of insurability provided: a) written application for the individual policy is made within 31 days; and b) payment has been made of the initial premium for the individual policy. Such application and payment must be made to: a) the Company; or b) any authorized representative of the Company. The individual accident policy will provide coverage most similar to, but not greater than, the terminated coverages; not pay for the same Loss for which benefits have already been paid under this policy; provide a Benefit Amount for the Insured which will be the lesser of the following: a) the employee's Benefit Amount under this policy; or b) \$100,000; and be subject to current individual rates and policy conditions for age at the time of conversion.

### **Extended Family Benefit**

If an employee suffers loss of life, coverage will be continued for the employee's Spouse and/or Dependent Children without payment of premium until the earliest of the following:

- a) in the case of a covered spouse and/or dependent children, the date on which the covered spouse remarries;
- b) in the case of a covered dependent child, the date on which the dependent child ceases to satisfy the definition of dependent child;
- c) the date on which this policy or provision is no longer in force; or

- d) six (6) months following the date of loss of life of the employee.

### **Extension of Coverage**

Insurance for an employee may be continued for a period of up to 12 months upon termination of the employee if required by the Employment Standards Act provided payment of premium is continued. Coverage will be terminated on the date the employee becomes gainfully employed.

### **Leave, Lay-off, Family Medical Leave**

Insurance for an employee may continue for the full period of the lay-off or leave but not for more than 12 months, subject to the Policyholder's employment practices as follows if the employee is on temporary lay-off; is on a leave of absence; or is absent from work due to an authorized family or medical leave. Continuation of insurance is subject to the payment of premium.

If the employee assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of the occupation.

### **Waiver of Premium**

In the event the employee becomes totally and permanently disabled and his/her waiver of premium claim is accepted and approved under the Policyholder's current group long term disability policy, then the premiums payable under this policy are waived as of the same date the claim is accepted and approved by the Group Long Term Disability Plan Underwriter until one of the following occurs, whichever is earlier:

- a) the date the employee attains age 65;
- b) the date of the death or recovery of the employee; or
- c) the date the master policy is terminated.

### **EXCLUSIONS**

There are certain situations we do not cover in our policy. These include:

- Loss occurring while the insured is in, entering or exiting any aircraft that is owned, leased or operated by his or her employer or on behalf of the employer.
- Loss occurring while the insured is in any aircraft while acting or training as a pilot or crew member.
- Loss caused by or resulting from the insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions.
- Loss resulting from suicide, attempted suicide or loss that is intentionally self-inflicted.
- Loss caused by or resulting from a declared or undeclared war, but war does not include acts of terrorism.
- Loss occurring while the insured is participating in military action in the Armed Forces of any country or established international authority.

However, active military services for sixty (60) consecutive days or less shall not constitute service in the



Armed Forces.

***Note: It is necessary to purchase only 1 Family plan if You and Your spouse both work for the Employer. Your spouse can enrol in coverage as a single employee (Employee Only) and as a dependent under the Employee & Family Plan of the spouse. In the event of Accidental Death or Dismemberment of the spouse carrying the Employee Only coverage, Chubb Insurance Company will pay the policy which pays the greatest amount up to the overall maximum of this program (\$500,000).***

*This description is a summary of the principle features of the Plan, which is governed by the terms of the insurance contract with Chubb Insurance Company of Canada.*

## **APPLICATION INFORMATION**

Premiums are deducted from your payroll and are based on the amount of Principal Sum elected.

Please refer to the cost table at the end of this booklet for the available costs of coverage.

### **TO APPLY**

1. Select the amount which best fits your needs from the Benefits and Monthly Cost Table.
2. Complete the application. Be sure to indicate the amount of insurance you require.
3. Return it to your Area Human Resources Department.

When completing items 4 and/or 6 of the Application for Insurance, please ensure the names are written in full and not initials only or, for example Mr. John A. Smith.

You may designate "my estate" and settlement will be made as provided in your will.

Coverage becomes effective on the first of the month coincident with or next following the date your completed application is received by The Insurer.

### **EFFECTIVE DATE OF COVERAGE**

If you choose to enrol in this program, Your coverage will start on the latest of the following dates:

- 1) On or before the effective date of this program, Your coverage will take effect on the effective date of this program; or
- 2) after the effective date of this program, on the 1<sup>st</sup> of the month following the date Your completed Enrolment Form is received by Your Employer.

### **TERMINATION OF COVERAGE**

Your insurance coverage stops on the earliest of the following dates:

- a) on the date this program is terminated;
- b) on the premium due date, if Your Employer fails to pay the Insurer Your premium, except as the result of an inadvertent error;
- c) on the premium due date next following the date you give notice of cancellation to Your Employer;
- d) on the premium due date next following the date You reach 80 years of age;
- e) on the premium due date next following the date You cease to be an eligible employee;
- f) on the premium due date next following the date You cease to be an active employee on account of leave-of-absence, lay-off, work stoppage, maternity leave, disability, resignation, dismissal, pension or retirement except as provided under the following provisions entitled:

Waiver of Premium  
Continuation of Coverage During Approved Leaves  
Extension of Coverage

The insurance coverage for Your Insured Spouse and/or Insured Dependent Children stops on the earlier of:

- a) the date such person ceases to be an eligible dependent;
- b) the date Your insurance is terminated.

The insurance coverage for Your Insured Dependent Children who are age 21 and over, and are enrolled as full-time students at a university, college, CEGEP or trade school stops on the earlier of:

- a) the date following the last day of scheduled classes (including exams) that such dependent child attends as a full-time student;
- b) the date such dependent child reaches age 25, or
- c) the date Your insurance is terminated.

If Your insurance and/or the insurance of Your spouse or dependent children should stop, You can still file a claim under this program for losses arising from an accident which occurred prior to the termination date, subject to the terms and provisions of the policy.

### **INCREASE, DECREASE OR CANCELLATION OF COVERAGE**

You may increase or decrease Your coverage by completing a new enrolment form which may be obtained from Your Employer, provided You are actively at work at the time.

You may cancel Your coverage by advising Your Employer, and coverage will cease on the premium due date following the date You advise Your Employer.

You may increase or decrease your coverage once a year on July 1<sup>st</sup> by making application to the Human Resources Department. You may cancel your Coverage by advice to your Area Office.

If you should change your family status and wish to apply or alter your insurance, please contact your Area Office.

### **REINSTATEMENT OR RE-ENROLMENT**

If Your insurance is terminated for any reason, and subsequently is reinstated or You re-enrol in this program, only that injury is covered, which is sustained after the date of the reinstatement or Your re-enrolment.

## **PROCEDURE FOR CLAIMS**

In the event of an accident You or Your beneficiary must notify Your Employer immediately and obtain the policy number of this program.

In the event of a claim, written notice of injury must be given to the Insurer within thirty (30) days after the date of the accident. You or Your beneficiary may notify the Insurer's head office for Canada in Toronto, any of the Insurer's Sales Offices in Canada or any authorized agent of the Insurer. Whomever You contact should be advised of Your name and the policy number of this program under which you are insured.

Upon receipt of your notice of claim, the Insurer will supply You or Your beneficiary with any form or forms necessary to show proof of loss. If You have not been supplied with the form or forms within 15 days of the date notice of claim was received by the Insurer, You or Your representative may satisfy Your obligation under this section by submitting to the Insurer, within 90 days of the loss, a letter describing the accident or occurrence causing the loss, the nature of the loss and the extent of the loss for which Your claim was made.

Failure to give written notice and proof of loss within the time limits provided in this program will not invalidate nor reduce any claim if it is shown that such notice or proof was given as soon as was reasonably possible.

### **Please note:**

**This certificate is an outline of the coverage and should be retained for reference. The Group Policy sets forth in detail the terms and conditions of this program and all rights and obligations are determined in accordance with the Group Policy, not this certificate. For exact provisions of coverage, please contact Your Employer.**

Chubb Insurance Company of Canada  
One Financial Place, 1 Adelaide St. E.,  
Toronto, Ont. M5C 2V9.  
Claims office: (416) 359-3274.

**Accidental Death and  
Dismemberment Rates**

**Effective May 1, 2007 – April 30, 2008**

Monthly Premiums

Principal Sum	Employee Only	Employee and Family	Principal Sum	Employee Only	Employee and Family
\$10,000.00	\$0.15	\$0.24	\$260,000.00	\$3.93	\$6.18
\$20,000.00	\$0.30	\$0.48	\$270,000.00	\$4.08	\$6.42
\$30,000.00	\$0.45	\$0.71	\$280,000.00	\$4.23	\$6.65
\$40,000.00	\$0.60	\$0.95	\$290,000.00	\$4.38	\$6.89
\$50,000.00	\$0.76	\$1.19	\$300,000.00	\$4.54	\$7.13
\$60,000.00	\$0.91	\$1.43	\$310,000.00	\$4.69	\$7.37
\$70,000.00	\$1.06	\$1.66	\$320,000.00	\$4.84	\$7.60
\$80,000.00	\$1.21	\$1.90	\$330,000.00	\$4.99	\$7.84
\$90,000.00	\$1.36	\$2.14	\$340,000.00	\$5.14	\$8.08
\$100,000.00	\$1.51	\$2.38	\$350,000.00	\$5.29	\$8.32
\$110,000.00	\$1.66	\$2.61	\$360,000.00	\$5.44	\$8.55
\$120,000.00	\$1.81	\$2.85	\$370,000.00	\$5.59	\$8.79
\$130,000.00	\$1.97	\$3.09	\$380,000.00	\$5.75	\$9.03
\$140,000.00	\$2.12	\$3.33	\$390,000.00	\$5.90	\$9.27
\$150,000.00	\$2.27	\$3.56	\$400,000.00	\$6.05	\$9.50
\$160,000.00	\$2.42	\$3.80	\$410,000.00	\$6.20	\$9.74
\$170,000.00	\$2.57	\$4.04	\$420,000.00	\$6.35	\$9.98
\$180,000.00	\$2.72	\$4.28	\$430,000.00	\$6.50	\$10.22
\$190,000.00	\$2.87	\$4.51	\$440,000.00	\$6.65	\$10.45
\$200,000.00	\$3.02	\$4.75	\$450,000.00	\$6.80	\$10.69
\$210,000.00	\$3.18	\$4.99	\$460,000.00	\$6.96	\$10.93
\$220,000.00	\$3.33	\$5.23	\$470,000.00	\$7.11	\$11.17
\$230,000.00	\$3.48	\$5.46	\$480,000.00	\$7.26	\$11.40
\$240,000.00	\$3.63	\$5.70	\$490,000.00	\$7.41	\$11.64
\$250,000.00	\$3.78	\$5.94	\$500,000.00	\$7.56	\$11.88