

Special Risk
CHRISTIAN REFORMED CHURCH
Policy No.: SRG 9426697

Why You Need Accident Insurance

A serious accidental injury or death can have tremendous consequences. A serious injury may prevent you from meeting your financial obligations and your loss of life may leave your spouse with insufficient financial resources to pay for the care that your loved ones may require.

CHRISTIAN REFORMED CHURCH has provided for you Accident Insurance coverage underwritten by AIG Insurance Company of Canada. The policy provides a lump sum benefit to help ease the financial impact and assure your family's needs are met if you should suffer loss of life as a result of an accident. Your accident coverage also provides you with 'living benefits' should an accident leave you paralyzed or should you lose through severance, or loss of use of a limb, sight, speech or hearing.

How It Works

Class I - You are automatically covered for a Principal Sum amount of \$150,000.

Class II - You are automatically covered for a Principal Sum amount of \$150,000.

Class IV - You are automatically covered for a Principal Sum amount of \$150,000.

Class V - You are automatically covered for a Principal Sum amount of \$150,000.

Class VI - You are automatically covered for a Principal Sum amount of \$100,000.

Class VII - You are automatically covered for a Principal Sum amount of \$150,000.

Occupational Coverage - Your coverage is in force while you are performing the duties of your occupation for the Policyholder.

Sanctioned Activity Coverage - Your coverage is in force while participating in an event or activity which takes place at the direction and with the approval of the Policyholder.

Definitions

"Insured Employee" means an individual who belongs to a Class of Eligible Employees specified in Declarations provided such individual's name is on file with the Policyholder as being insured under this contract.

"Insured Member" means an individual who belongs to a Class of Eligible Members specified in the Declarations provided such individual's name is on file with the Policyholder as being insured under this contract.

"Insured Person" means an Insured Employee or Insured Member.

Eligible Dependents:

"Spouse" means a person who is under the age of 70 and who is either legally married to you, or if there is no such person, is a person who, although not legally married to you, is cohabitating with you for a period of at least one year and is publicly represented as your domestic partner in the community in which you reside.

“Dependent Child” means a person who is either your natural child, adopted child or step-child or a child to whom you are *in loco parentis* and who is (i) under 23 years of age, unmarried and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (ii) under 26 years of age, unmarried and enrolled in post-secondary education and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (iii) by reason of mental or physical infirmity is incapable of self-sustaining employment and who is considered your Dependent Child within the terms of the Income Tax Act (Canada).

Benefits and Coverages

Accidental Death, Dismemberment, Paralysis and Loss of Use

If a covered loss occurs within 365 days after the date of the covered accident causing the loss, the Plan will pay in one sum the indicated percentage of the Principal Sum as set out in the following Table of Losses:

Table of Losses

Loss of Life	The Principal Sum
Loss of Both Hands or Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and the Entire Sight of One Eye	The Principal Sum
Loss of One Foot and the Entire Sight of One Eye	The Principal Sum
Loss of One Arm or One Leg	Four-Fifths of The Principal Sum
Loss of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of The Entire Sight of One Eye	Three-Quarters of The Principal Sum
Loss of Thumb and Index Finger of the Same Hand	One-Third of The Principal Sum
Loss of Speech and Hearing	The Principal Sum
Loss of Speech or Hearing	Three-Quarters of The Principal Sum
Loss of Hearing in One Ear	Two-Thirds of The Principal Sum
Loss of Four Fingers of One Hand	One-Third of The Principal Sum
Loss of All Toes of One Foot	One-Quarter of The Principal Sum

Loss of Use

Loss of Use of Both Arms or Both Hands	The Principal Sum
Loss of Use of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Four-Fifths of The Principal Sum

Paralysis

Quadriplegia (total paralysis of both upper and lower limbs)	Two Times The Principal Sum up to a maximum of One Million Dollars
Paraplegia (total paralysis of both lower limbs)	Two Times The Principal Sum up to a maximum of One Million Dollars
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	Two Times The Principal Sum up to a maximum of One Million Dollars

If you sustain more than one loss as a result of the same accident, only one amount, the largest, will be paid.

"Loss" when used with reference to "Quadriplegia", "Paraplegia", and "Hemiplegia" means the complete and irreversible paralysis of such limbs; "Hand" or "Foot" means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; "Arm" or "Leg" means the complete severance through or above the elbow or knee joint; "Thumb and Index Finger" means the complete severance through or above the first phalange; "Fingers"

means the complete severance through or above the first phalange of all Four Fingers of One Hand; "Toes" means the complete severance of both phalanges of all the Toes of One Foot; "The Entire Sight of One Eye" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye; "The Entire Sight of Both Eyes" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than 20 degrees in both eyes. A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing; "Hearing in One Ear" means the diagnosis of permanent Loss of Hearing in One Ear, with an auditory threshold of more than 90 decibels. A Physician certified in Otolaryngology must confirm the diagnosis in writing; "Hearing" means the diagnosis of permanent Loss of Hearing in Both Ears, with an auditory threshold of more than 90 decibels in each ear. A Physician certified in Otolaryngology must confirm the diagnosis in writing; "Speech" means complete and irrecoverable Loss of the ability to utter intelligible sounds; and "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. "Loss" when used herein may also include "Loss of Life".

WEEKLY ACCIDENT INDEMNITY BENEFIT

If you suffer Injury, within thirty days after the date of the accident Total Disability, the Company shall pay a Weekly Accident Indemnity Benefit during a period of continuous Total Disability subject to the following conditions:

Total Disability Weekly Accident Indemnity Benefit for Insured Person:

If you are employed on a full-time or part-time basis in gainful employment not connected to the Policyholder continuously for the 6 consecutive weeks preceding Total Disability:

- (a) **Benefit Amount:** 66.70% of your Regular Gross Weekly Income up to a maximum of \$1,000.00 per week, for a maximum of 104 weeks for any one period of continuous Total Disability.
- (b) **If you are not employed** on a full-time or part-time basis in gainful employment not connected to the Policyholder continuously for the 6 consecutive weeks preceding Total Disability: \$1,000.00 per week for a maximum of 104 weeks for any one period of continuous Total Disability.
- (c) **Waiting Period:** 0 days from the date you have been determined by a Physician to be wholly and continuously disabled and prevented from performing, in any setting, the essential duties of any occupation for which the Insured Person has the minimum qualifications.

Partial Disability Weekly Accident Indemnity Benefit: Your weekly accident indemnity benefit reduced by 50% of your Benefit Amount as shown above up to 50% of the Maximum Number of Weeks Payable as shown above.

ACCIDENTAL PARA-MEDICAL EXPENSE REIMBURSEMENT BENEFIT

If as a result of Injury, and within 30 days from the date of the accident causing such Injury, you obtain medical treatment in Canada from a legally qualified Physician and as a consequence of such Injury incurs expenses for any of the following services when recommended by a legally qualified Physician, the Company shall reimburse you the reasonable and necessary expenses for the following para-medical services:

- (a) fees for private duty nursing by a licensed graduate nurse (R.N.), who does not ordinarily reside in the Insured Person's home and who is not a member of the Insured Person's Immediate Family. This benefit is payable up to \$50 per hour to a maximum of \$5,000 per Insured Person for all Injuries resulting from any one

- accident;
- (b) transportation costs, when such service is provided by a professional ambulance service, to the nearest approved Hospital which is equipped to provide the required and recommended necessary treatment. This benefit is payable up to a maximum of \$5,000 per Insured Person for all Injuries resulting from any one accident;
- (c) Hospital charges for the difference between the public ward allowance under the Insured Person's provincial or territorial government health insurance plan and the accommodation charge for a semi-private Hospital room. This benefit is payable up to a maximum of \$5,000 per Insured Person for all Injuries resulting from any one accident;
- (d) fees for rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary;
- (e) fees for services of a licensed physiotherapist. This benefit is payable up to a maximum of \$300 per Insured Person for all Injuries resulting from any one accident;
- (f) cost of prescription drugs and medicines (except in the Province of Quebec);
- (g) expenses for hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement thereof; and
- (h) fees for services of a licensed chiropractor. This benefit is payable up to a maximum reimbursement of \$300 per Insured Person for all Injuries resulting from any one accident.

Reimbursement shall only be made provided that expenses are:

- (a) incurred in Canada;
- (b) incurred within 52 weeks of the date of the accident causing Injury;
- (c) incurred only for therapeutic and not elective treatment; and
- (d) supported by an original receipts submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is \$10,000 for all Injuries resulting from any one accident.

ACCIDENTAL DENTAL EXPENSE REIMBURSEMENT

If you suffer Injury to whole and sound teeth, and within 30 days from the date of the accident causing such Injury obtain treatment in Canada for such Injury from a legally qualified dentist or dental surgeon and incur related dental expenses, the Company shall reimburse you the amount for such dental expenses up to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which you receive such treatment.

Reimbursement shall only be made provided that expenses are:

- (a) incurred in Canada;
- (b) incurred within 52 weeks of the date of the accident causing Injury;
- (c) incurred only for therapeutic and not elective or aesthetic treatment; and
- (d) supported by an original standard dental claim form submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan,

including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is \$500 dollars for all Injuries resulting from any one accident.

FRACTURE BENEFIT

If you sustain an Injury resulting in a fracture or dislocation listed in the following Fracture Table, the Company shall pay the amount specified in the Fracture Table, provided that such fracture or dislocation occurs within 30 days after the date of accident causing it.

Fracture Table

For complete fracture (including Greenstick type fracture) of:

The cranium (depressed fracture)	100% of the Fracture Benefit
The cranium (other compound)	40% of the Fracture Benefit
The spine (two or more vertebrae)	100% of the Fracture Benefit
The spine (one vertebrae)	40% of the Fracture Benefit
The spine (compression fracture)	20% of the Fracture Benefit
The upper jaw (maxilla)	33% of the Fracture Benefit
The lower jaw (mandible)	8% of the Fracture Benefit
The thigh (femur)	33% of the Fracture Benefit
The pelvis	33% of the Fracture Benefit
The knee cap (patella)	27% of the Fracture Benefit
The leg (tibia or fibula)	25% of the Fracture Benefit
The shoulder blade (scapula)	25% of the Fracture Benefit
The ankle (Pott’s fracture)	25% of the Fracture Benefit
The wrist (Colles fracture)	25% of the Fracture Benefit
The forearm (compound or comminuted)	23% of the Fracture Benefit
The forearm (not compound)	12% of the Fracture Benefit
The sacrum or coccyx	17% of the Fracture Benefit
The sternum	17% of the Fracture Benefit
The Arm, between elbow and shoulder	17% of the Fracture Benefit
The collarbone (Clavicle)	12% of the Fracture Benefit
The nose	12% of the Fracture Benefit
Two or more ribs	10% of the Fracture Benefit
One Hand (one or more metacarpal)	8% of the Fracture Benefit
The Foot (one or more metacarpal)	8% of the Fracture Benefit
Facial bones	8% of the Fracture Benefit
One rib	5% of the Fracture Benefit
Any bone not specified above	3% of the Fracture Benefit

“Cranium” means the vault of the skull *consisting* of the following bones: frontal, parietals, occipital, temporals, sphenoid and ethmoid.

For complete dislocation of the:

Hip	33% of the Fracture Benefit
Knee (with open primary repair)	33% of the Fracture Benefit
Shoulder (with open reduction)	25% of the Fracture Benefit
Wrist	17% of the Fracture Benefit
Ankle	17% of the Fracture Benefit
Elbow	12% of the Fracture Benefit
Bones of Foot, other than Toes	8% of the Fracture Benefit

The maximum amount payable for this benefit is \$500 dollars for all Injuries resulting from any one accident.

REHABILITATION BENEFIT

Reimburses your expenses for occupational training to a maximum of \$15,000 if such expenses are incurred within two years of and as a result of an injury for which you receive a benefit under the Plan.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Pays a benefit of up to \$15,000 for modification to your home or vehicle if you suffer an injury for which you receive a benefit under the Plan and require a wheelchair to be ambulatory.

WORKPLACE MODIFICATION AND ACCOMMODATION BENEFIT

Pays a benefit of up to \$5,000 if you suffer an injury for which you receive a benefit under the Plan and require special adaptive equipment or workplace modification in order to return to full-time work with your employer.

PSYCHOLOGICAL THERAPY

Pays a benefit of up to \$5,000 if you suffer an injury for which you receive a benefit under the Plan and require psychological therapy within 2 years of the injury.

IN-HOSPITAL BENEFIT

Pays a benefit of (i) 1% of the Principal Sum to a maximum of \$2,500 per month for hospital confinements of more than 30 nights, or (ii) 1/30th of the amount determined under (i) for hospital confinements of more than 5 but less than 30 nights, if you suffer an injury for which you receive a benefit under the Plan and are confined to hospital as a result of such injury, for a maximum of twelve months.

FAMILY TRANSPORTATION

Pays a benefit of up to \$15,000 for the expenses incurred for the transportation of an immediate family member to your hospital if you suffer an injury for which you receive a benefit under the Plan and as a result are confined to a hospital more than 100 kilometres from home.

REPATRIATION BENEFIT

Pays a benefit of up to \$15,000 to cover the expenses to return your body to your city of residence if you suffer a covered accidental death while at least 50 km from home.

IDENTIFICATION BENEFIT

Pays a benefit of up to \$5,000 for the transportation of an immediate family member to identify your body if you suffer a covered accidental death at least 150 km from home and a law enforcement agency requests such identification.

SEAT BELT BENEFIT

Pays an additional benefit of 10% of the Principal Sum to a maximum of \$50,000 if you suffer a covered accidental death while operating or riding as a passenger in a private passenger automobile in which your seat belt was properly fastened.

DAY CARE BENEFIT

Pays an annual benefit of up to 5% of the Principal Sum to a maximum of \$5,000 per year for the day care costs of each Dependent Child under age 13 who is enrolled, or who enrolls within 90 days, in a day care facility if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.

DEPENDENT CHILD EDUCATIONAL BENEFIT

Pays an annual benefit of up to 5% of the Principal Sum to a maximum of \$5,000 per school year for the tuition costs of each Dependent Child who is enrolled in post-secondary education if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.

SPOUSAL EDUCATIONAL BENEFIT

Pays a benefit of up to \$15,000 for your Spouse's expenses in enrolling in a professional or trades training program for the purpose of obtaining an independent source of income, if you suffer a covered accidental death and such expenses are incurred within 30 months of your death.

FUNERAL EXPENSE

Pays a benefit of up to \$5,000 to reimburse funeral expenses if you suffer a covered accidental death.

BEREAVEMENT BENEFIT

Pays a benefit of up to \$1,000 if you suffer loss of life in a covered accident and your eligible dependents require counseling within one year of the accident.

COMA BENEFIT

Pays a monthly benefit of 1% of the difference between the Principal Sum and any other amount payable under the Plan in connection with the injury for up to 100 months, if you suffer an injury for which you receive a benefit under the Plan, and within 90 days of the date of the covered accident are disabled by coma which lasts for at least 6 consecutive months and is then determined by a physician to be permanent.

COSMETIC DISFIGUREMENT BENEFIT

Pays a percentage of the Principal Sum up to a maximum of \$25,000 if you suffer injury resulting in the destruction of your skin through the entire thickness of the dermis and possibly into underlying tissues with loss of fluid third degree burn or worse. Please see policy for details.

Policy Exclusions

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) suicide or any attempt thereat by you while sane;
- (b) self inflicted injury or any attempt thereat by you while sane or insane;
- (c) declared or undeclared war or any act thereof;
- (d) sickness, disease, or bodily infirmity whether the loss or claim results directly or indirectly from any of these;
- (e) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
- (f) sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- (g) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- (h) travel or flight in or on (including getting in or out of, or on or off of) any vehicle

used for aerial navigation, if you are:

- (i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - (iii) riding as a passenger in an aircraft owned or leased by the Policyholder;
- (i) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
 - (j) injury or Loss sustained if you are on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which you are on full-time active duty shall, upon application to the Company by the Policyholder, be refunded);
 - (k) injury or Loss sustained while you are under the influence of alcohol and operating any vehicle or means of transportation or conveyance while your blood alcohol is over 80 milligrams in 100 millilitres of blood;
 - (l) injury or Loss sustained while you are under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed physician;
 - (m) the commission or attempted commission by you or injury incurred while you are in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed; and
 - (n) an act, attempted act or omission taken or made by you, or an act, attempted act or omission taken or made with your consent, for the purposes of interrupting the blood flow to your brain or to cause asphyxiation to you whether with intent to cause harm or not; and
 - (o) natural causes; and
 - (p) an accident occurring (i) while the Insured Employee is not engaged in an Occupational Activity, or (ii) while the Insured Member is not engaged in a Sanctioned Activity."

Aggregate Limit Per Accident

The maximum amount the Company will pay for two or more Insured Persons injured in one accident is the amount of the Aggregate Limit Per Accident set out in the Policy, if any. If the total of the benefits which would be paid by the Company would exceed the Aggregate Limit Per Accident, each Insured Person shall receive their proportionate share of the amount of the Aggregate Limit Per Accident paid by the Company.

Effective Date

Your coverage begins on the date you satisfy the definition of "Insured Person".

Termination Date

Coverage ends on the earliest of:

1. the date the policy is terminated;
2. the premium due date if premiums are not paid when due;
3. the date you no longer satisfy the definition of an Insured Person or
4. the first day of the month following the date you no longer belong to an Eligible Class of Employees or Insured Person as set out in the Policy.

This brochure provides only brief descriptions of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by AIG Insurance Company of Canada.