



RBC Insurance

Christian Reformed Church in North America

Policy Number: GSR 13909

Your Group Insurance Plan

Ordained Employees of the Christian Reformed Church (CRC),
Eligible CRC Endorsed Chaplains, and Employees of a CRC
Congregation in Canada

®/™ Trademark(s) of Royal Bank of Canada. Used under licence

Date Prepared: April 11, 2012

BASIC ACCIDENT INSURANCE

THE PLAN

You are insured against the perils described in the Loss Schedule. Your protection is world-wide, 24 hours a day, on or off the job. Benefits are payable regardless of any other benefits that you may receive from any insurance company other than the Company, or any other organization.

DEFINITION

“The Company” means RBC Life Insurance Company.

WHO IS ELIGIBLE

You are eligible if you are a permanent full-time employee working a minimum of 20 hours per week or you are a permanent part-time employee working a minimum of 18.75 hours per week and you are under age 70.

PRINCIPAL SUM

\$25,000

TERMINATION

All benefits terminate on the earlier of the day you reach age 70 or on the day you retire.

WHEN IS THIS PLAN EFFECTIVE

You are insured from the first of the month coinciding with or next following the date you are hired.

LOSS SCHEDULE

If an accident causes a loss payable under this schedule within one year from the date of the accident, the Company pays the amount shown. Only one benefit (the larger one) is paid if more than one loss occurs in the same accident.

	Percentage of Principal Sum
For Loss of:	
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand or Foot and Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
One Leg or One Arm.....	75%
Either Hand or Foot.....	66 2/3%
Speech or Hearing in Both Ears.....	66 2/3%
Sight of One Eye.....	66 2/3%
Thumb and Index Finger Or Four Fingers of the Same Hand.....	33 1/3%
Hearing in One Ear.....	16 2/3%
All Toes of One Foot.....	12 1/2%

For Total and Irreversible Paralysis of:

All four limbs (Quadriplegia)	200%
Both lower limbs (Paraplegia)	200%
One arm and one leg on the same side of the body (Hemiplegia).....	200%

For Loss of Use of:

Both Hands or Arms	100%
One Arm or One Leg	75%
One Hand or One Foot.....	66 2/3%

"Loss" means, with regard to:

- Hands and Feet: Actual severance through or above the wrist or ankle joint;
- Eyes: Entire and irrecoverable loss of sight;
- Leg or Arm: Actual severance through or above the knee or elbow joint;
- Thumb and Fingers: Actual severance through or above the metacarpophalangeal joints;
- Speech and Hearing: Entire and irrecoverable loss;
- Toes: Actual severance through or above the metatarsophalangeal joints;
- Quadriplegia, Paraplegia, Complete and irreversible paralysis of such limbs
- Hemiplegia:
- Loss of Use of: Must be total, irrecoverable and be continuous for 12 months after which the benefit is payable, provided the nerve damage is determined to be permanent.

EXPOSURE AND DISAPPEARANCE

If loss results from unavoidable exposure to the elements and indemnity is otherwise payable hereunder, such loss is payable under the terms of the policy.

If your body is not found within one year after the date of the disappearance, sinking or wrecking of the vehicle in which you are an occupant at the time of the accident and under such circumstances as would otherwise be covered hereunder, it is presumed that you suffered loss of life resulting from bodily injury caused by an accident at the time of such disappearance, sinking or wrecking.

WAIVER OF PREMIUM

If you become totally disabled from an accident or sickness and waiver of premium is approved under your applicable Group Life Insurance Plan, premiums under this plan are waived while total disability continues, until the earlier of your attainment of age 65, your eligibility terminates or the policy is terminated.

REPATRIATION

If you lose your life as a result of a covered accident occurring at least 100 kilometres from your principal residence, the Company pays up to **\$10,000** for the preparation and transportation of your body back to your principal residence.

REHABILITATION

If you receive benefits for a loss described in the Loss Schedule and you require special training to allow you to work in an occupation that you would not have engaged in except for the injuries you sustained, the Company pays for that training, considering the expenses are reasonable and necessary (other than travelling, clothing and ordinary living expenses), up to **\$10,000**, occurring within two years from the date of the accident.

FAMILY TRANSPORTATION

If while on a trip, you sustain an injury and as a result, are confined as an in-patient in a Hospital, are under the Regular Care and Attendance of a Physician or surgeon and require the personal attendance of a Member of the Immediate Family as recommended by the attending Physician or surgeon, the Company pays for the expense incurred by the family member for transportation to your bedside by the most direct route by a licensed common carrier, but not to exceed an amount of **\$2,500** as the result of any one accident.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of injured persons, with organized facilities for diagnosis, major surgery and with twenty-four (24) hour nursing service. Hospital will not include a facility or part of a facility primarily used for the aged, the treatment of drug addiction or alcoholism, rehabilitative care, custodial or educational care, or a rest home, nursing home or convalescent hospital.

"Member of the Immediate Family" means your spouse or common-law spouse, parents, grandparents, children over age 18, brother or sister.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing the confinement.

TO WHOM ARE BENEFITS PAID?

Your accidental death benefit is paid to the beneficiary designation in effect at the time of payment, or to your estate if no such designation is made. Any other benefits are paid to you (those described in the Loss Schedule are paid as a percentage of the Principal Sum).

EXCLUSIONS

The insurance does not cover losses caused in any way from suicide or any suicide attempt; self-inflicted injuries; nuclear war or war between a country of North America and/or the states of the former Soviet Union, China, France or the United Kingdom; full-time active service in the armed forces of any country; travelling as a pilot or crew member of any aircraft or travel in the Policyholder's operated, owned or leased aircraft.

CLAIM PROCEDURES

To make a claim under this plan, written notice of the accident must be given to the Company within 30 days of the date of the accident and written proof must be submitted within 90 days of the date of the accident. The Company provides the necessary claim forms as well as instructions covering other requirements that may aid in a prompt handling of the claim.

If the Company does not receive the required notice and proof of loss, the claim may not be considered after the 90 day period has expired, unless there is good reason for the delay. In no event is a claim considered after one year from the date of the accident if the Company was not notified and the necessary forms not completed and submitted to the Company.

DISCLAIMER

This booklet should be kept with your Employee Handbook. It is a summary of the principal features of the plan and is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the Master Policy **GSR 13909** underwritten by RBC Life Insurance Company.

Collection and use of personal information

Collecting your personal information

We (RBC Life Insurance Company) may from time to time collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information related to or arising from your relationship with and through us;
- information you provide through the application and claim process for any of our insurance products and services; and
- information for the provision of products and services.

We may collect information from you, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the MIB, Inc., the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your employer.

Using your personal information

This information may be used from time to time for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk and manage claims;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information. If you are insured under a group insurance policy obtained through your employer, we may also share your information with your employer when necessary for the services we provide to you. Your health information will not be shared with your employer without your consent.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc. and financial institutions.

We may also use this information and share it with RBC® companies (i) to manage our risks and operations and those of RBC companies and (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests.

If we have your social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.

Your right to access your personal information

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information or to ask questions about our privacy policies, you may do so now or at any time in the future by contacting us at:

RBC Life Insurance Company

P.O. Box 515, Station A,

Mississauga, Ontario

L5A 4M3

Telephone: 1-800-663-0417

Facsimile: 905-813-4816

Our privacy policies

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll-free number shown above or by visiting our website at www.rbc.com/privacysecurity.

® / ™ Trademark(s) of Royal Bank of Canada. Used under licence