Your group insurance plan

For L'INDUSTRIE D'INSTALLATION D'ÉQUIPEMENT PÉTROLIER DU QUÉBEC CONSTITUÉE EN VERTU DU DÉCRET N^{O} 573-76

and amendments reached between

L'ASSOCIATION DES ENTREPRENEURS PÉTROLIERS DU QUÉBEC INC.

and

LES MÉTALLURGISTES D'AMÉRIQUE, LOCAL 9324 MONTRÉAL (QUÉBEC)

Policies No. E012-1

Desjardins
Insurance
Life • Health • Retirement

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For information

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This document is an integral part of the Insurance Certificate. It is a summary of the Group Insurance Policy effective September 1, 1993. Only the Group Insurance Policy may be used to settle legal matters.

This electronic version of the booklet has been updated on August 1, 2019. Please be advised that this electronic version is updated more frequently than the printed copy of your booklet. Therefore, there may be discrepancies between the paper and electronic copies.

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SCHEDULE OF BENEFITS

BASIC LIFE INSURANCE

One times annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple
(maximum benefit: $100,000)

Coverage terminates when the employee reaches age 70.

ACCIDENT INSURANCE

One times annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple
(maximum benefit: $100,000)

Coverage terminates when the employee reaches age 70.

DEPENDENT LIFE INSURANCE

Spouse: $10,000

Dependent child aged 24 hours or over: $5,000

Coverage terminates when the employee reaches age 70.

SHORT TERM DISABILITY INSURANCE

Weekly benefit: 66 2/3% of weekly earnings
(maximum benefit equal to the maximum benefit payable under the Employment Insurance Act)

Elimination period:

Commencement of benefits in the event of accident: first day of total disability

Commencement of benefits in the event of illness: eighth day of total disability

Commencement of benefits in the event of a detoxification treatment or compulsive gambling treatment covered under the health insurance benefit: first day of absence from work

Commencement of benefits in the event of a hospitalization: first day of total disability

"Hospitalization" means:

a) Confinement in a hospital as an in-patient for a minimum period of 24 hours; or

b) Any hospital visit during which the employee undergoes surgery performed by a physician and requiring local, regional or general anaesthesia, excluding any minor surgery that can be performed in the physician's office.

Maximum benefit period:

Benefits are integrated with Employment Insurance Act as follows:

- benefits are payable by the Insurer until the Saturday immediately following the 4th full week of benefits paid for a total disability (excluding the elimination period);

- benefits are interrupted as of the Sunday immediately following the 4th full week of benefits paid for a total disability, for the whole duration of the period during which the employee is eligible to receive Employment Insurance benefits;

- when the employee is not eligible or ceases to be eligible to receive Employment Insurance benefits, the Insurer pays the benefits for a maximum period of 26 weeks, including the number of weeks during which disability benefits are paid or would have been paid to the employee by the Employment Insurance, if applicable.

  With respect to the above, the Insurer considers that the employee is eligible to Employment Insurance benefits unless this employee provides the Insurer with a proof that he is not eligible.

The weekly benefit is taxable.

Coverage terminates when the employee reaches age 65.

LONG TERM DISABILITY INSURANCE

Monthly benefit: 66 2/3% of monthly earnings
(maximum benefit: $2,133.34 per month)

Commencement of benefits: after short term disability benefits cease or 26 weeks for an employee non eligible for Short Term Disability Insurance

Payment period: up to age 65

The monthly benefit is not taxable.

Coverage terminates when the employee reaches age 65.

HEALTH INSURANCE

Hospital charges in general in Canada for short-term care: up to the level of semi-private accommodation with no limit as to the number of days of hospitalization

Hospital charges in Canada for long-term convalescent care: up to the level of semi-private accommodation, subject to a maximum of 180 days per period of hospitalization for convalescent care

Paramedical and Drug Expenses:

- $50 family or individual deductible per calendar year
- 80% of paramedical eligible expenses are reimbursed
- drug eligible expenses:

    1) Generic drugs: 80% of the lowest priced equivalent drug available on the market

    2) Brand name drugs:

        - 80% of the brand name drug if no equivalent drug is available on the market
        - 80% of the lowest priced equivalent drug available on the market

Vision Care Expenses:

- no deductible;
- 100% of eligible expenses are reimbursed for Eye examination

Travel Insurance Expenses:

- no deductible;
- 100% of eligible expenses are reimbursed

DESCRIPTION OF BENEFITS

BASIC LIFE INSURANCE

In the event of an insured employee's death, basic life insurance provides for the payment of a sum insured, subject to the provisions of the SCHEDULE OF BENEFITS, the GENERAL PROVISIONS and the following:

Subject to legal provisions, an insured employee may designate or revoke, at any time, the beneficiary or beneficiaries of his insurance on written notice to the Insurer.

If the insurance of an employee under age 65 terminates because he stops working for the employer, his life insurance remains in force free of charge for the next 31 days, during which time he may convert his group life insurance, without submitting evidence of insurability, to an individual permanent or term policy, with or without accident coverage, depending on his group coverage. For the first policy year of the individual contract, the insured may pay a term insurance premium.

DEPENDENT LIFE INSURANCE

On the death of an insured dependent, the dependent life benefit provides for the payment of a sum insured, subject to the provisions of the SCHEDULE OF BENEFITS, the GENERAL PROVISIONS and the following:

This benefit is payable in the following order: to the insured employee, to his spouse, to the legal heirs of the deceased dependent.

ACCIDENT INSURANCE

Accident insurance provides for the payment of a sum insured, subject to the provisions of the SCHEDULE OF BENEFITS, the GENERAL PROVISIONS and the following:

1) If, as a result of an accident occurred while he is insured under this Benefit, an insured employee suffers a specified loss (as shown in the Schedule of specified losses below) within 365 days of the accident, the amount payable is equal to a percentage of the sum insured provided for under the SCHEDULE OF BENEFITS. This amount is paid in addition to any other amount of insurance provided for in the contract.

Schedule of specified losses

Loss of	**Amount Payable**
Life	100%
Both hands or both feet	100%
Sight in both eyes	100%
One hand and one foot	100%
One foot and sight in one eye	100%
One hand and sight in one eye	100%
Speech and hearing in both ears	100%
One arm or one leg	75%
One hand or one foot	67%
Sight in one eye	67%
Speech or hearing in both ears	50%
Thumb and index finger or at least four fingers of the same hand	33%
Hemiplegia	100%
Paraplegia	100%
Quadriplegia	100%

2) **Rehabilitation**

If an employee, while insured under this Benefit, suffers a loss, other than a loss of life, for which an amount is payable under this Benefit, the Insurer will pay the reasonable and necessary training expenses actually incurred, up to a maximum of $10,000, provided that:

a) the employee requires such training because of the loss, in order to qualify for employment in an occupation in which he would not have been engaged except for such loss, and

b) such expenses are incurred within 2 years of the date of the accident.

3) **Disappearance**

If an employee, while insured under this Benefit, disappears as a result of an accident involving the sinking or disappearance of the conveyance in which he was riding and his body is not found within 365 days of the accident, it will be presumed, unless there is evidence to the contrary, that the employee suffered a loss of life as a result of a bodily injury caused by the accident.

4) **Exposure**

If an employee, while insured under this Benefit, suffers a specified loss due to unavoidable exposure to the elements, the loss will be deemed to result from an accident.

5) **Family Transportation and Accommodation**

If an employee, while insured under this Benefit, suffers a specified loss, other than a loss of life, for which an amount is payable under this Benefit, and, as a result of such loss, is confined to a hospital located more than 150 km from his normal place of residence and is under the regular care of a physician (other than himself), the Insurer will pay the reasonable expenses incurred by the employee's immediate family members for hotel accommodation and transportation by the most direct route to the employee's bedside, up to a lifetime maximum of $1,500 under this Benefit for all these expenses combined.

6) **Repatriation**

If an employee, while insured under this Benefit, dies as a result of an accident that occurs 100 kilometres or more from his normal place of residence and an amount is payable for a loss of life under this Benefit, the Insurer will pay all customary and reasonable expenses incurred for preparation of the body for burial or cremation and transportation from the place of the accident to the employee's place of residence in Canada, up to a maximum of $10,000.

7) **Special education**

If an employee's dependents are insured under this Benefit on the date the employee dies as a result of an accident and if an amount is payable for a loss of life under this Benefit, the Insurer will pay a Special education benefit for each dependent child then insured under this Policy who, on the date of the accident, was insured under this Benefit and was enrolled as a full-time student in an institution of higher learning above the secondary school level, or was enrolled at the secondary school level and subsequently enrols as a full-time student at an institution of higher learning within 365 days of the employee's death.

Under this Benefit, reimbursement will be made for all reasonable and necessary tuition expenses as well as related costs, up to 2% of the amount for which the employee was insured under this Benefit on the date of his death and an overall $5,000 for each year, for a maximum of 4 years, provided that the dependent child who is eligible for this Special education benefit continues his education on a full-time basis at an institution of higher learning, without any interruption longer than the normal school vacation.

8) **Spousal Retraining**

If the spouse of a employee is insured under this Benefit on the date the employee dies as a result of an accident and if an amount is payable for a loss of life under this Benefit, the Insurer will pay all reasonable and necessary expenses that are actually incurred by the spouse who takes part in a formal occupational training program, up to $10,000, provided that:

a) the spouse requires such training in order to become specifically qualified for active employment in an occupation for which the spouse would not otherwise have sufficient qualifications, and

b) such expenses are incurred within 2 years of the date of the accident.

9) **Seat Belt**

If an employee, while insured under this Benefit is injured in a car accident and suffers a loss, for which an amount of insurance is payable under this Benefit, the amount payable shown in the Schedule of specified losses will be increased by 10% if the employee was wearing a seat belt, provided that:

a) the loss occurs while the insured was a passenger or driver of a private motor vehicle;

b) the seat belt is properly fastened; and

c) verification of the use of the seat belt is specified in the official accident report or certified by the investigating officer.

10) **Home or Vehicle Conversion**

If an employee, while insured under this Benefit, suffers a loss, other than a loss of life, for which an amount of insurance is payable under this Benefit and he subsequently requires the use of a wheelchair for the same reason as that which entitled him to benefits, the Insurer will pay on presentation of proof of payment:

a) the one-time initial costs of converting the employee's home to make it wheelchair accessible and to enable him to move around inside;

b) the one-time initial costs of converting a motor vehicle belonging to the employee so that he can access this vehicle and drive it;

subject to one conversion for each of the eligible expenses described in paragraph a) and b) above and up to a maximum of $10,000 for all these expenses.

This benefit only applies if:

a) the home conversions are made by one or several individuals experienced in the field and recommended by a recognized organization providing support and assistance to wheelchair users;

b) the vehicle conversions are made by one or several individuals experienced in the field and authorized by the provincial motor vehicle registration office of the employee's province of residence.

The loss must occur before age 70 and within 365 days of the accident.

If an employee sustains multiple losses as a result of one or several accidents that occur during the same 365-day period, the total amount payable under this Benefit cannot exceed the amount specified in the SCHEDULE OF BENEFITS.

In the case of accidental death, this benefit is payable in addition to the Basic Life benefit.

SHORT TERM DISABILITY INSURANCE

If an insured employee under age 65 becomes totally disabled, he is entitled to the payment of a weekly benefit during his disability, subject to the provisions of the SCHEDULE OF BENEFITS, the GENERAL PROVISIONS and the following:

The "health related portion" of the Maternity Leave taken by a Participant is considered to be a period of Total Disability for the purposes of benefit payment under this Benefit, whether the Participant's insurance was continued during the leave or not. The maternity benefits payable under any public or private plan are deducted from the benefits payable to the Participant for this period, in accordance with the provisions of this contract.

For a Total Disability that begins during the voluntary leave portion of a Maternity Leave, or during a Parental or Family-Related Leave, benefits are payable from the later of the following dates, provided the current benefit remained in force and provided the Participant is still Totally Disabled and insured under this Benefit:

1) the end of Elimination Period;

2) the scheduled date of return to work.

The insured employee’s benefit is reduced by the initial benefits payable under the Quebec Pension Plan, the Canada Pension Plan, the *Act Respecting Industrial Accidents and Occupational Diseases*, the Quebec *Automobile Insurance Act* and the *Ontario Motorist Protection Plan*.

If applicable, the weekly benefit is prorated at the rate of 1/7 per day of disability.

Benefits cease after the later of the following dates:

1) the date on which the employee reaches age 65

2) the date on which the employee has received a maximum of 15 weeks in benefits; therefore, if an employee becomes totally disabled after age 64 years and 37 weeks, the benefit payments may be extended after age 65, until such date as the employee has received 15 weeks of benefits, as long as the employee is still totally disabled during this period.

LONG TERM DISABILITY INSURANCE

If an insured employee under age 64 years and 6 months becomes totally disabled, he is entitled to the payment of a monthly benefit if he remains disabled after a certain period, subject to the provisions of the SCHEDULE OF BENEFITS, the GENERAL PROVISIONS and the following:

The "health related portion" of the Maternity Leave taken by a Participant is considered to be a period of Total Disability for the purposes of benefit payment under this Benefit, whether the Participant's insurance was continued during the leave or not. The maternity benefits payable under any public or private plan are deducted from the benefits payable to the Participant for this period, in accordance with the provisions of this contract.

For a Total Disability that begins during the voluntary leave portion of a Maternity Leave, or during a Parental or Family-Related Leave, benefits are payable from the later of the following dates, provided the current benefit remained in force and provided the Participant is still Totally Disabled and insured under this Benefit:

1) the end of Elimination Period;

2) the scheduled date of return to work.

The insured employee's benefit is reduced by the initial benefits payable under the *Act Respecting Industrial Accidents and Occupational Diseases,* the Quebec *Automobile Insurance Act,* the *Ontario Motorist Protection Plan,* the Quebec Pension Plan or the Canada Pension Plan, excluding benefits payable on behalf of his Dependents and any increase in benefits due solely to cost-of-living, after benefit payments commence. It is also reduced by any amount by which the monthly benefit, plus any income from other sources, exceeds 90% of his pre-disability gross monthly earnings if the benefit is taxable and 90% of his pre-disability net monthly earnings if the benefit is tax-exempt. Other sources of income include

1) any benefit payable by the employer

2) any benefit payable by a government board or body

3) any benefit payable under the employer's group retirement plan

4) any benefit payable by an insurance policy.

If applicable, the monthly benefit is prorated at the rate of 1/30 per day of disability.

Benefits cease when the employee turns 65.

HEALTH INSURANCE

Hospital Expenses

If an insured employee or an insured dependent is hospitalized in Canada, the Insurer reimburses the hospital charges incurred, subject to the provisions of the SCHEDULE OF BENEFITS and the GENERAL PROVISIONS.

Paramedical and Drug Expenses

If an employee incurs eligible expenses for himself or for one of his insured dependents as the result of an accident, illness or pregnancy, he is entitled to reimbursement, subject to the provisions of the SCHEDULE OF BENEFITS, the GENERAL PROVISIONS and the following:

Eligible expenses are reimbursed only after the deductible for each calendar year specified in the SCHEDULE OF BENEFITS is satisfied. Eligible expenses are expenses incurred for any of the services or appliances listed below, subject to the following provisions:

a) Services and appliances listed in a) to f), h), k), p), u), v) to aa) inclusive, provided they are recommended by the attending physician

b) Eligible expenses are limited to reasonable and customary charges in the area in which services are rendered.

c) Expenses incurred must be medically necessary to treat the employee or the employee's dependents.

d) For insured employees domiciled in Quebec, for any calendar year, maximum eligible drug expenses that an employee can incur for himself and for all his insured dependents who remain his dependents is $750, subject to the deductible and the portion of eligible drug expenses that is not paid by the Insurer given the co-payment percentage under this benefit. For drug expenses subsequently incurred during the same calendar year, this percentage is 100%.

SCHEDULE OF ELIGIBLE EXPENSES REIMBURSED AT 80%

a) Home care services of a Registered Nurse or a nursing assistant, up to a maximum of $10,000 per calendar year, provided the medical services are within the scope of the discipline and that the nurse is a member in good standing of the appropriate professional association. Services of a person who normally resides with the insured or who is a member of his family are not eligible.

b) The following services, provided they are rendered under the supervision of a physician: electrocardiograms, X-rays and laboratory tests if the expenses are incurred outside a hospital; ultrasounds are also covered, up to a maximum of $300 per calendar year per insured.

c) Rental of crutches, a standard wheelchair (purchase or rental at the Insurer's discretion), respiratory equipment and a standard hospital bed for temporary use only.

d) Purchase of external prostheses and artificial limbs if the disability causing the loss of the limb occurred while coverage was in force (excluding dentures, hearing aids, glasses, contact lenses, unless these articles are covered by a specific benefit.

e) Purchase of orthopedic corsets, splints, casts, trusses and other orthopedic appliances; orthopedic shoes are excluded unless specifically provided for under other provisions of this benefit.

f) Purchase (and repair) of hearing aids, up to a maximum of $300 of eligible expenses per insured for any period of 36 consecutive months; the cost of battery replacement is excluded.

g) Room and board for a detoxification treatment or for a compulsive gambling treatment in a detoxification centre recognized for the treatment of alcoholism or drug addiction, up to $80 per day, subject to a lifetime maximum of $2,500 per insured for all these expenses combined, provided that eligible expenses are incurred for treatment requiring the supervision of a physician and the continued care of a Registered Nurse and that the insured is indeed receiving treatment at the facility in question.

h) Expenses for the purchase of medium or strong support stockings (over 20 mm/Hg) supplied by a pharmacy or a medical facility, up to a maximum of 3 pairs per calendar year.

i) Transportation by a local ambulance to and from the hospital. Air or train transportation is covered only in emergency situations when an insured cannot be transported otherwise.

j) Professional services of a dental surgeon for accidental injuries to natural teeth resulting from an accident that occurred while the insured was covered, provided treatment is rendered within 12 months of the accident, up to a maximum of $5,000 per accident.

k) Purchase of orthopaedic shoes, up to a maximum of $300 of eligible expenses per calendar year per insured. Orthopaedic shoes are defined as custom moulded shoes specifically designed for an individual to correct a foot defect, as well as open-toe shoes, in-flare or out-flare shoes, straight-last shoes and shoes required for Denis Browne braces; the cost of modifications or adjustments to stock item footwear is also eligible. Purchase of in-depth shoes, up to a maximum of $100 of eligible expenses per calendar year per insured. In-depth shoes are defined as shoes joined to metal brackets prescribed by the attending physician and covered in part by the provincial health insurance program. To be eligible for coverage, orthopaedic or in-depth shoes must be purchased upon recommendation by the attending physician.

l) Services of an osteopath, a naturopath or a podiatrist, up to an eligible amount of $30 per treatment and a maximum payable amount of $500 per calendar year, per insured, for each of these services. These services are eligible only if they are within the scope of the discipline of the professional and the professional is a member in good standing of his professional association.

In the province of Ontario, the charges of a podiatrist or a chiropodist that exceed the fee covered under the provincial health insurance plan are reimbursed as of the first treatment, subject to the maximum applicable for each treatment. Proof that the per visit maximum has been exhausted will be required.

m) Services of an audiologist, a speech therapist or an occupational therapist, up to an eligible amount of $30 per treatment and a maximum payable amount of $500 per calendar year, per insured, for each of these services. These services are eligible only if they are within the scope of the discipline of the professional and the professional is a member in good standing of his professional association.

n) Physiotherapy services by a physiatrist, a physiotherapist, a physical rehabilitation therapist or a sports therapist, provided he is a member in good standing of his professional association, up to a maximum payable amount of $500 per calendar year per insured for all these services combined.

o) Services of a chiropractor, who is a member of the *Ordre des chiropraticiens du Québec*, up to an eligible amount of $30 per treatment and a maximum payable amount of $500 per calendar year, per insured. X-rays taken by a chiropractor are covered up to $50 per calendar year per insured.

In the province of Ontario, the charges of a chiropractor that exceed the fee covered under the provincial health insurance plan are reimbursed as of the first treatment, subject to the maximum applicable for each treatment. Proof that the per visit maximum has been exhausted will be required.

p) Massage services by a massor or a massage therapist, upon medical recommendation, up to a maximum payable amount of $500 per calendar year per insured for all these services combined. These services are eligible only if they are within the scope of the discipline of the professional and the professional is a member in good standing of his professional association

q) Drugs that are necessary for treatment, that are available only on prescription from a physician or a dental surgeon (code "PR," "C" or "N" in the Compendium of Pharmaceuticals and Specialities) and dispensed by a pharmacist or by a physician if there is no pharmacist.

Also eligible are drugs available on prescription that are necessary for the treatment of certain pathological conditions, excluding homeopathic preparations, and for which the therapeutic indication suggested by the manufacturer in the Compendium of Pharmaceuticals and Specialities is directly linked to the treatment of the following pathological conditions:

- cardiac problems
- pulmonary problems
- diabetes
- arthritis
- Parkinson's disease
- epilepsy
- cystic fibrosis
- glaucoma

For insured persons domiciled in Quebec, drugs and other products that the Quebec drug insurance plan would cover for the employee and his dependents if they were not covered under a group insurance plan are also eligible. These expenses are not limited to reasonable and customary charges in the area in which services are rendered.

r) For persons age 65 or over who are covered under the Quebec drug insurance plan and eligible under this benefit, eligible drug expenses include:

1) expenses incurred for drugs and other products that are not covered under the Quebec drug insurance plan, but that are covered under this benefit;

2) expenses incurred to cover the Quebec drug insurance deductible;

3) expenses incurred to cover the co-insurance amount for the employee insured under the Quebec drug insurance plan.

s) Services of a psychologist, a psychiatrist or a psychoanalyst who is a member of his professional association, up to a maximum payable amount of $500 per calendar year per insured, for each of these services. These services are eligible only if they are within the scope of the discipline of the professional concerned.

t) For an insured person who is domiciled in a province other than Quebec, drugs and products used as smoking cessation aids are covered in the same way as they are covered for Quebec residents and according to the same provisions provided for under the Quebec basic prescription drug insurance plan.

u) Expenses incurred for cosmetic surgery following an accident which occurred while the insurance was in force, up to a maximum of $5,000 of eligible expenses per insured per accident.

v) Purchase of an initial wig or hairpiece required as a result of chemotherapy, for a lifetime maximum of $300 of eligible expenses per insured.

w) Purchase of reagent sticks or pills used to measure glucose levels (dextrometer/glucometer), on presentation of a complete report by the attending physician certifying that the insured is insulin-dependent and that his condition necessitates such an apparatus; up to a maximum of $300 of eligible expenses and one apparatus per insured for any period of 36 consecutive months.

x) Purchase or rental of a TENS nerve stimulators, at the discretion of the Insurer, up to a maximum of $1,000 of eligible expenses per insured for any period of 60 consecutive months.

y) Purchase of external breast prostheses required as a result of a total or radical mastectomy that has been performed while the insured is covered under this Benefit or a comparable benefit in force immediately before the effective date of this Benefit, up to a maximum of $350 of eligible expenses per insured for any period of 24 consecutive months; purchase of 2 surgical brassieres per calendar year per insured.

z) Purchase of Intra-uterine devices, up to a maximum of 1 IUD per calendar year per insured.

aa) Sclerosing injections used in the treatment of varicosities, when this treatment is primarily for therapeutic and not cosmetic purposes, up to $20 of eligible expenses per visit per insured.

bb) Expenses incurred for medical report required by a third party, up to a payable amount of $50 per report.

PRIOR AUTHORIZATION DRUGS

Prior authorization by the Insurer is required for selected drugs. A list of prior authorization drugs is available on the Insurer's website. A prior authorization form must be completed by the Physician and submitted to the Insurer to determine whether the prescribed drug meets the prior authorization criteria established by the Insurer. These criteria include confirming that the drug is prescribed for an approved therapeutic indication and that the effectiveness is satisfactory compared to the associated costs. It is possible the Insurer will reimburse the value of an equivalent drug when there is a less expensive equivalent drug available on the market. Proof of the effectiveness of the approved drug, including medical results, may be requested during the course of treatment to determine if the drug is having the desired effect so that it may remain eligible for reimbursement.

PATIENT SUPPORT PROGRAM AND PATIENT ASSISTANCE PROGRAM

The Insurer may require Insured Persons to enrol in such programs.

Vision Care Expenses

If an insured employee incurs vision care expenses for himself or for one of his insured dependents, the Insurer reimburses the expenses incurred for the services or items listed below, subject to the provisions of the SCHEDULE OF BENEFITS and the GENERAL PROVISIONS:

- expenses incurred for vision tests performed by an optometrist or ophthalmologist, up to a maximum payable amount of $50 per insured person for any period of 24 consecutive months (expenses incurred for vision tests reimbursed at 100%).

Conversion privilege

Any employee under age 65 whose Health Insurance ceases because he is no longer eligible may convert his group insurance to an individual policy.

HEALTH ASSISTANCE

Health Assistance is a confidential telephone service that is available 24 hours a day enabling the insured person to speak with experienced health care professionals and to obtain information immediately.

This telephone service provides the insured person with information on the following topics:

- health
- immunization
- nutrition
- lifestyle
- physical fitness
- child care
- availability of local resources

Health Assistance should be considered as a complement to medical consultations and emergency medical services (911 or other); it is not intended to replace the regular health care provider of the insured person, nor the emergency medical services of a municipality.

This information service may be of use in improving the quality of life of the insured employee and his dependents.

Health Assistance is offered through Sigma Assistel.

The insured person may contact HEALTH ASSISTANCE at any time.

Calls from	**Dial**
Montréal area	(514) 875-2632
Elsewhere in Canada	1 877 875-2632

TRAVEL INSURANCE

If an Insured Person incurs Medical Emergency expenses during the first 180 days of a stay outside his province of residence, the Insurer will reimburse the Eligible Expenses in accordance with the SCHEDULE OF BENEFITS and the following conditions:

1) the Insured Person must be covered under government health and hospital insurance plans;

2) expenses must be eligible under the Extended Health Care Benefit; and

3) expenses must be related to a Stable health condition prior to the trip departure date.

The Participant must contact the Insurer if the duration of the stay outside the province of residence is, or may be, longer than 180 days. Otherwise the Insured Person may not be covered under the Travel Insurance benefit.

1) Eligible Health Care Expenses

    a) Hospital services and room and board charges in a semi-private room until the Insured Person is discharged from the Hospital;

    b) Services of a Physician, a surgeon and an anaesthetist;

    c) All other Eligible Expenses that are covered under this Benefit in the normal province of residence of the Insured Person, excluding Hospital and Convalescent Care Eligible Expenses, if insured.

2) Eligible Transportation Expenses

a) Expenses incurred for the repatriation of the Insured Person to his place of residence by a suitable means of public transportation to receive appropriate care as soon as his state of health allows it, provided the means of transportation originally arranged for the return trip cannot be used; repatriation must be approved and arranged by "Voyage Assistance". Furthermore, if "Voyage Assistance" recommends repatriation and the Insured Person declines, his insurance under the Travel Insurance provision will terminate.

b) Expenses incurred for the repatriation (at the same time as the repatriation provided for above) of any Immediate Family member insured under this Benefit, if he cannot return to the point of departure by the means of transportation originally arranged for the return trip; repatriation must be approved and arranged by "Voyage Assistance".

c) Round-trip economy transportation for a qualified medical attendant who is not a family member, a friend, or a travelling companion, provided the presence of this attendant is ordered by the attending Physician and approved by "Voyage Assistance".

d) Round-trip economy air, bus or train transportation by the most direct route for one Immediate Family member to the Hospital where the Insured Person must be confined for at least 7 days (expenses will be reimbursed only if the Insured Person remains in Hospital for at least 7 days). This visit is eligible for reimbursement provided that the Insured Person is not accompanied by an Immediate Family member age 18 or over. The cost of meals and accommodation for the Immediate Family member up to $500 are also covered. The visit must be considered beneficial to the patient by the attending Physician, and prior approval must be obtained from "Voyage Assistance".

e) Cost of returning the personal or rented Vehicle of the Insured Person if the Insured Person suffers from a disability as a result of a Medical Emergency, certified by a Physician, that prevents him from operating this Vehicle and none of the Immediate Family members accompanying him are able to return it. A commercial agency may be hired to return the Vehicle, but the return must be arranged and approved by "Voyage Assistance". The amount reimbursed is limited to $1,000 per Participant.

f) If the Insured Person should die, round-trip economy air, bus or train transportation by the most direct route for one Immediate Family member of the deceased to identify the body before repatriation (the trip must be pre-approved and arranged by "Voyage Assistance"). These expenses are not reimbursed if the Insured Person was accompanied by an Immediate Family member age 18 or over.

g) If the Insured Person should die, the costs of preparation and the return of the body or ashes to the place of residence by the most direct route (plane, bus or train), up to $5,000; the cost of the burial coffin is not covered. The return must be pre-approved and arranged by "Voyage Assistance".

3) Eligible Daily Allowance

The cost of meals and accommodations for an Insured Person who must delay his return because of an Illness or bodily injury suffered by the Insured Person himself, an accompanying member of his Immediate Family or a travelling companion, as well as additional child care expenses for Children not accompanying the Insured Person. Eligible Expenses are limited to $200 per day per Participant for a maximum of 10 days and the Illness or injury must be certified by a Physician.

4) Eligible Long-distance Telephone Charges

Long-distance telephone charges to reach a member of the Immediate Family if the Insured Person is hospitalized, provided that the transportation allowance, provided under section d) above, to visit that person is not used and that the Insured Person is not accompanied by an Immediate Family member age 18 or over - up to $50 per day, and up to an overall maximum of $200 per Period Of Hospitalization.

5) Medical Decisions

Decisions by a Physician or other health care professional employed by, under contract to, or designated by "Voyage Assistance", regarding the medical need for providing any of the covered services outlined above are medical decisions based on medical factors and, as such, will be conclusive in determining the need for these services.

6) Voyage Assistance service

"Voyage Assistance" will take the necessary steps to provide the following services to any Insured Person who requires them:

a) 24 hour toll-free telephone assistance;

b) referral to Physicians or health-care facilities;

c) assistance for Hospital admission;

d) cash advances to the Hospital when required by the facility;

e) repatriation of the Insured Person to his home city, as soon as his state of health permits it;

f) establishing and staying in contact with the Insurer;

g) handling arrangements in the event of death;

h) repatriation of the Children of the Insured Person, if the Insured Person cannot be moved;

i) delivery of medical assistance and drugs to an Insured Person who is too far from health care facilities to be transported there;

j) arrangements to bring a member of the Immediate Family to the bedside of the Insured Person if he must be confined to Hospital for at least 7 days, provided that such visit is ordered by the attending Physician;

k) assistance in replacing lost or stolen travel documents so that the Insured Person can continue his trip;

l) referral to lawyers if legal problems arise;

m) translation services for emergency calls;

n) transmission of urgent messages to close friends or family in case of emergency; or

o) information prior to departure concerning passports, visas and vaccinations required in the country of destination.

In the event of a MEDICAL EMERGENCY, the insured must contact the travel assistance firm immediately.

Calls from	**Dial**
Montréal area	(514) 875-9170
Canada and United States	1-800-465-6390 (toll-free)
Elsewhere (excluding North and South America)	overseas code + 800 29485399 (toll-free)
Collect call (Anywhere in the world)	(514) 875-9170

OPTIONAL TRIP CANCELLATION INSURANCE

Trip cancellation insurance is not included in the group plan offered by the employer; however it is available to all employees through the Insurer.

This insurance provides for the reimbursement of expenses paid in advance or additional expenses incurred if the trip must be cancelled or interrupted due to unforeseeable circumstances.

An application for trip cancellation insurance must be submitted within 7 days of payment of the initial deposit for the trip.

Calls from	**Dial**
Québec City area	(418) 647-5459
Montréal area	(514) 285-7830
Elsewhere in Quebec and Canada	1-800-463-7830 (toll-free)

GENERAL PROVISIONS

ELIGIBILITY

The employee is eligible on the first day of the month following the month during which he has worked the number of credited hours required to become eligible, according to the procedures adopted by the Building Material Joint Committee.

The employee is eligible to the benefits only if his employer has reported to the Building Material Joint Committee details as to the number of hours worked by the employee and has paid its own contributions and those deducted from his employee's salary. Otherwise, the Joint Committee will investigate any claim and will make the decisions imposed by justice and equity.

An employee's dependent is eligible either on the same date as the employee if he is already considered a dependent or on the date on which he becomes a dependent.

DEFINITIONS

"Dependent child" means an eligible person who is a resident of Canada and who

1) is under 21 years of age and over whom the employee or the employee's spouse exercises parental authority or exercised parental authority until he reached the age of majority

2) has no spouse, is 25 years old or under and is, or is deemed to be, a full-time student at an accredited educational institution, and over whom the Participant or the Spouse of the Participant would exercise parental authority if he were a minor; or

3) has reached the age of majority, has no spouse, and is suffering from a "functional impairment" referred to in the regulation pertaining to the Drug Insurance Act adopted by the Quebec government. This impairment must have existed when the person's status fit the definition of either 1) or 2) above. In addition, in order to be considered a "person suffering from a functional impairment," this person must be living with the employee or the employees' spouse who would exercise parental authority over him were he a minor.

It is understood that a functional impairment will be defined as stipulated under the regulations of any provincial legislation, when covered under such regulations.

“Equivalent drug” means a brand or generic drug, deemed interchangeable under the provincial law applicable where the drug is sold.

“Family-Related Leave” means any leave of absence from work taken by a Participant in accordance with such provincial or federal legislation, or an agreement between the Participant and the Employer.

“Maternity Leave” means any leave of absence from work due to pregnancy in accordance with any labour standards legislation that is applicable in the Insured Person's province of residence. Maternity Leave consists of a voluntary portion and a "health related portion". The "health related portion" of the Maternity Leave commences on the date of the delivery and lasts for at least 6 weeks (8 weeks for a Caesarean delivery). The person is considered to be on Maternity Leave during the entire period for which she is receiving maternity benefits under any provincial or federal legislation. If she is absent from work due to a Total Disability that commenced before or during pregnancy, she is considered to be on Maternity Leave in accordance with any provincial or federal legislation.

“Parental Leave” means any leave of absence from work taken by a Participant to take care of his newborn or adopted child, in accordance with such provincial or federal labour standards legislation, or an agreement between the Participant and the Employer.

“Reasonable and Customary Charges” means the charges generally paid in the area where the services or supplies are provided for a like service or supply and limited to the prevailing charge in the area for the like service or supply. A like service or supply is one of the same nature and duration, that requires the same skill and is performed by a provider of similar training and experience.

“Spouse” means an eligible person who is domiciled in Canada and who, at the time of the event giving rise to a claim:

a) is legally married to or living in a civil union with the Employee; or

b) has been living with the Employee in a conjugal relationship for at least 12 months and has not been separated from the Employee for 90 days or more as a result of a breakdown in the relationship; or

c) is living in a conjugal relationship with the Employee who is the natural parent of the Spouse's Child and has not been separated from the Employee for 90 days or more as a result of a breakdown in the relationship.

However, if two individuals fit the definition of Spouse, the Insurer will recognize only one Spouse for all benefits under the same plan in the following order:

a) the eligible Spouse whom the Employee last designated as such in writing to the Insurer, subject to approval of any evidence of insurability required under this policy; or

b) the Spouse to whom the Employee is legally married or with whom the Employee is living in a civil union.

At any one time, only one person may be insured as a Spouse of the Employee.

INSURANCE APPLICATION AND EVIDENCE OF INSURABILITY

Enrolment in the plan is mandatory for all employees who meet the eligibility requirements.

Eligible employees must complete an application for themselves and for their dependents within 31 days of the date on which they become eligible.

EFFECTIVE DATE OF COVERAGE

If an eligible employee is at work or was at work on the last scheduled work day, coverage becomes effective on the date he becomes eligible.

If an eligible employee, due to an illness, is not at work on the day his coverage is to become effective, coverage will commence on the day he returns to work and performs all the duties of his occupation.

If an eligible dependent is not hospitalized on the day coverage is to begin, coverage becomes effective on the last of the following dates:

1) the date on which the eligible employee completes an insurance application for his dependents

2) the date on which the Insurer approves the evidence of insurability, if applicable

If an eligible employee, due to an illness, is not at work on the day his coverage is to become effective, coverage will commence on the day he returns to work and performs all the duties of his occupation. Likewise, if a dependent is hospitalized on the day coverage is to take effect, coverage will commence 24 hours after he returns to the insured employee's home (except for the drug insurance benefit in the case of an employee's dependent domiciled in Quebec). However, the effective date of drug coverage cannot be delayed because the dependent is hospitalized.

TERMINATION OF INSURANCE

Insurance for an employee or an insured dependent will cease at midnight on the earliest of the following dates:

1) the date on which the contract terminates

2) the due date of any premium that remains unpaid for that employee or dependent

3) the day on which the employee leaves his employer, subject to the application of any provision regarding the extension of benefits due to a continuation of eligibility, as stipulated in the contract

4) the date on which the benefit terminates, subject to the SCHEDULE OF BENEFITS

5) the date on which the dependent ceases to be eligible

EXTENSION OF BENEFITS

If an employee's coverage terminates while he is totally disabled, he may be entitled to disability benefits, subject to contract provisions.

Each employee receives a credit of one hour for each hour of work for which contributions to the social security plan are paid.

At the end of each month, insurance hours will be deducted from each employee's credit, according to the number of hours established and published by the Building Material Joint Committee and modified, if necessary, according to the costs of the social security plan.

Each employee maintains his insured employee status for as long as he works the minimum number of hours required to maintain the insurance, in accordance with the table published by the Joint Committee. However, if, during a given month, an employee has not worked the minimum number of hours, his insurance will terminate at the end of this month unless the employee has accumulated to his credit at the end of this month the minimum number of hours required to maintain his insurance in force, in accordance with the table published by the Joint Committee. In this case, the employee continues to be covered for the period indicated in the table pertaining to the number of hours of work to his credit.

An employee's credited hours are the total number of worked hours for which contributions have been paid, less the number of hours required in accordance with the table published by the Material Building Joint Committee in order for the employee to be insured for each month during which he is covered by the plan.

On the date coverage would normally terminate, the employee may extend said coverage, except for the short term and long term disability benefits, for a period specified in the procedures adopted by the Joint Committee, provided that:

1) on the date the employee apply for extension of coverage, he is covered under this policy

2) the monthly premium is paid to the Insurer for each month of insurance.

For any period of total disability commencing during the interruption of work, the disability will be deemed to have begun on the date on which the employee would have normally returned to work after the interruption of work.

If the insured employee incurs hospitals or paramedical expenses for himself or his dependents after his coverage terminates, he may be entitled to a partial reimbursement of these expenses, subject to contract provisions.

DEPENDENT BENEFIT EXTENSION AFTER PARTICIPANT'S DEATH

In the event of the death of the Participant and subject to policy provisions, insurance will continue for insured Dependents, without premium payment, until the earliest of the following dates:

1) the last day of the third month following the death of the Participant;

2) the date on which the Dependent ceases to be eligible as a Dependent for a reason other than the death of the Participant;

3) the date on which Dependent insurance would have terminated if the Participant had not died; or

4) the date on which this Benefit or policy terminates.

TOTAL DISABILITY

Total disability means the employee’s inability as a result of an illness or accident to perform the usual duties of his occupation, which requires continuing medical care and which, if it persists for more than 24 months without necessarily requiring continuing medical care, totally prevents him from working in any gainful occupation for which he is qualified by training, education or experience. It is understood that when medical care is necessary and that it comes within the competence of a specialist, such care must be provided by a specialist in the appropriate field in order for the total disability to be recognized as such.

Successive periods of total disability are considered a single disability period, provided that they result from the same illness or accident and are separated by less than 31 consecutive days during which the employee returned to full-time employment and with full salary during the first 26 weeks of total disability or, thereafter were separated by a period of less than 6 consecutive months during which the employee returned full-time employment basis and with full salary.

WAIVER OF PREMIUM

Life, Dependent Life, Accident, Short Term Disability, Long Term Disability, Health coverage premiums are waived for an insured employee who becomes totally disabled before age 65, and coverage under these benefits remains in force. Premiums are waived as of the first day of the month following the onset of long-term disability benefits and until the earlier of the following:

1) the date on which the employee is unable or unwilling to provide satisfactory proof of total disability to the Insurer;

2) the date on which the employee reaches age 65;

3) for Accident, Short Term Disability and Health coverage, in addition of the above dates, on the contract termination date;

4) for Health coverage, in addition to the above dates, the date on which premiums have been waived for 12 months for any disability.

Plan provisions regarding any increase in the sum insured cease to be in effect during the period of total disability.

EXCLUSIONS, RESTRICTIONS AND LIMITATIONS

The plan benefits described in this employee booklet contain the following exclusions, restrictions and limitations.

Accident Insurance

No benefit is payable in the event of an accident if the resulting loss is due directly or indirectly and in whole or in part to one of the following causes:

1) suicide, attempted suicide or self-inflicted injuries, while sane or insane;

2) while committing, attempting to commit or participating in a criminal offence;

3) active participation in a riot or insurrection;

4) war or civil war, whether declared or not;

5) active service in the armed forces of any country;

6) flight in any aircraft while performing the duties of a crew member or any other function;

7) injuries that are not visible or do not produce a contusion on the surface of the body, except drowning and internal injuries disclosed by surgery or an autopsy, poisoning or intoxication or drug abuse;

8) an illness that does not result from an accident but that appears at the time of the accident;

9) dental or medical treatment, surgery or the administration of anesthesia;

10) while committing or attempting to commit an offence under the Criminal Code of Canada;

11) after the employee reaches age 70.

Moreover, no benefit is payable in the event of an accident that occurs while the employee was driving a motorized vehicle while impaired by drugs or an alcohol level that exceeds the limit set by the Criminal Code in force in Canada.

Under the provisions regarding REHABILITATION, no benefit is payable for accommodations or other living, travel or clothing expenses.

If an employee incurs more than one loss listed in the SCHEDULE OF SPECIFIED LOSSES as a result of the same accident, benefit entitlement is limited to the expenses provided for the largest loss incurred. Total benefits payable for all losses incurred as a result of the same accident cannot exceed the total amount of insurance payable under this Benefit as indicated in the SCHEDULE OF BENEFITS, except in the case of quadriplegia, paraplegia or hemiplegia, for which benefits payable cannot exceed 200% of the amount of insurance under this Benefit as indicated in the SCHEDULE OF BENEFITS.

Short Term Disability Insurance

No benefits are payable

1) for total disabilities as a result of

   a) war, insurrection or a riot;

   b) committing a crime or any criminal offence;

   c) active service in the armed forces;

   d) a work stoppage due to a strike, lock-out or layoff, except if coverage remains in effect, during said work stoppage, in accordance with the provisions stipulated in the EXTENSION OF BENEFITS section;

2) if the employee is not under the continuing care of a physician;

3) if the employee is receiving full or partial pay during a total disability period;

4) if the employee is receiving sick leave pay during a total disability period;

5) during the voluntary leave portion of the Maternity Leave for a Total Disability occurring during this period;

6) during a Parental or Family-Related Leave, for a Total Disability occurring during this period.

For any employee who is not entitled to benefits under the Act Respecting Industrial Accidents and Occupational Diseases, the Insurer pays no benefit for a period of total disability resulting from an industrial accident or an occupational disease.

Reduction

The weekly benefit to which the Participant is entitled during the "health-related portion" of the Maternity Leave is reduced from any other maternity benefits payable under any federal or provincial legislation.

Long Term Disability Insurance

No benefits are payable

1) for total disabilities as a result of

   a) war, insurrection or a riot;

   b) committing a crime or any criminal offence;

   c) active service in the armed forces;

   d) a work stoppage due to a strike, lock-out or layoff, except if coverage remains in effect, during said work stoppage, in accordance with the provisions stipulated in the EXTENSION OF BENEFITS section.

2) Furthermore, no benefits are payable

   a) if the employee is not under the continuing care of a physician;

   b) for any period of disability resulting from alcohol or drug abuse, unless the employee is actively taking part in a therapeutic program or receiving medical care for rehabilitation with respect to such abuse;

   c) during the voluntary leave portion of the Maternity Leave for a Total Disability occurring during this period;

   d) during a Parental or Family-Related Leave, for a Total Disability occurring during this period.

Health Insurance

No payment is made for expenses incurred

1) as a result of war, insurrection or a riot;

2) as a result of participation in a crime or any criminal offence;

3) that are reimbursed by a government board or body;

4) during active service in the armed forces;

5) that are paid or covered under the health or hospital insurance legislation of the employee's province of residence or of any other Canadian province or under any other similar legislation of another country;

6) for health trips or for medical examinations required for insurance, control or assessment purposes;

7) for dental services, except those provided for under the description of the coverage;

8) for cosmetic surgery;

9) for experimental surgery or treatment;

10) for eyeglasses, contact lenses, sunglasses, glasses or contact lenses used for aesthetic purposes;

11) for products or drugs prescribed for the treatment of sexual dysfunctions;

12) products or drugs used as smoking cessation aids that are not covered under the Quebec drug insurance plan. Expenses in excess of the maximum provided for smoking cessation aids under the Quebec drug insurance plan related to products or drugs used as smoking cessation aids are not covered;

13) expenses incurred for services, products or drugs that are used to treat specific conditions other than those for which they are approved;

14) expenses incurred for services, products or drugs that are taken in a higher dose, greater quantity or at a frequency that exceeds the Insurer's established criteria.

Benefits may be limited or no reimbursement made for drugs, services or supplies available at a supplier of the preferred providers network but obtained from another supplier.

When the expenses are only partially covered under a provincial health insurance program, the excess is reimbursed by the Insurer, subject to provisions of the law and provisions of this benefit.

Under no circumstances can the exclusions under this policy make this plan less generous than the Quebec drug insurance plan.

Exclusions applicable to drugs requiring prior authorization: No reimbursement will be made under this Benefit for drugs that do not meet the Insurer's prior authorization criteria on the date the expenses were incurred.

Exclusions and limitations applicable to Travel Insurance

If an Insured Person fails to contact "Voyage Assistance" immediately when he requires Medical Emergency services that require Hospitalization outside the country, the Insurer may reduce or deny reimbursement of a portion of the incurred Eligible Expenses. It is understood that the Insurer is not responsible for the availability or quality of such services.

Exclusions applicable to the Extended Health Care Benefit also apply to the Travel Insurance provision. Furthermore, the Insurer will not pay any of the benefits provided for under the Travel Insurance provision in the following circumstances:

1) if the Insured Person is not covered under government health and hospital insurance plans;

2) if the purpose of the trip is to receive medical or paramedical treatment or services, even if the trip was recommended by a Physician;

3) for elective, non-emergency treatment or surgery, when this service could have been provided in the province of residence of the Insured Person without endangering his life or health, even if such service is provided as a result of a Medical Emergency;

4) if the Insured Person does not agree to repatriation as recommended by "Voyage Assistance";

5) for health care and Hospital expenses incurred for an Insured Person who cannot be repatriated in his province of residence and who refuses medical treatment prescribed by the Physician, and approved by "Voyage Assistance";

6) for any Medical Emergency incurred in a country or region for which the Canadian government issued, prior to the trip departure date, one of the following travel warnings:

   a) avoid non-essential travel; or

   b) avoid all travel.

7) The Insured Person who is in the country or region for which a travel warning is issued during his trip is not subject to this exclusion. However, he must make the necessary arrangements to leave the country or region as soon as possible;

8) if the Insured Person refuses to disclose to the Insurer necessary information regarding other insurance plans under which he also has travel insurance coverage, or if he refuses the use of such information by the Insurer;

9) if the expenses incurred are related to a health condition that was not Stable prior to the trip departure date.

Travel Insurance benefits are limited to a lifetime maximum reimbursement of $5,000,000 per Insured Person.

Other Benefits

The other benefits that are part of the plan described in this employee booklet do not include any specific exclusions, limitations or restrictions.

General Limitations

Should an amendment in the contents or coverage available under government insurance plans affect the scope of coverage under this policy, these policy provisions will continue to apply as if coverage under the government plans had not been amended, until such time when the parties agree to adjust the premium rates accordingly.

The Insurer is not liable for claims submitted more than 12 months after the event that gives rise to the claim occurs.

CLAIMS

The settlement of claims depends on the analysis of the information provided by the claimant on the claim form. Accurate information ensures the prompt settlement of a claim. The employee may obtain insurance claim forms from the employer.

Disability, Death or Dismemberment Claims

Written notice must be sent to the Insurer within 30 days of the date on which the event giving rise to the claim occurs.

The evidence required for claim settlement must be submitted within 90 days of the event.

Health Claims

The Insurer recommends that claims be submitted every 6 months, or more often when the amount claimed justifies it. However, in the case of an accident for which a claim must be submitted, written notice must be sent to the Insurer within 30 days of the accident.

When incurring drug expenses, the Insured Person must show his payment card to the pharmacist. With this method of payment, which is referred to as “direct”, the Insured Person only pays the pharmacist for the uninsured portion of the drug expenses incurred and, therefore, the Participant is not required to submit a claim to the Insurer.

Duly completed claim forms must be returned to

DESJARDINS FINANCIAL SECURITY
LIFE ASSURANCE COMPANY
200, rue des Commandeurs
Lévis, Québec
G6V 6R2

Our commitment to you

We will always be here to answer your questions. You can rely on our knowledgeable team to deliver outstanding service and process your claims efficiently. We are here to help you stay healthy and to give you advice and financial support when you need them most.

desjardinslifeinsurance.com

Proud supporter of

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