

CRITICAL ILLNESS COVERAGE

If you suffer any of the Critical Illnesses covered by the policy, you will receive the Benefit Amount shown below in a lump sum payment. Under some circumstances if you, return to active work and later suffer another Critical Illness, you may qualify for a second benefit payment equal to your first payment.

If you qualify for a Critical Illness benefit payment, you can use it any way you wish - for example, to help cover extra costs associated with your illness, or to help make up for lost income.

All benefit payments are subject to the terms and conditions of the policy, which are summarized in this brochure.

ELIGIBILITY

All in benefit Members of Insulators Local 95 Benefit Fund under 70 years of age and who meet the eligibility requirements.

BENEFIT AMOUNT

Members: \$20,000.00

A Multiple Event Benefit may be payable equal to the Benefit Amount, subject to certain conditions as described under Multiple Event Benefit.

COVERED CRITICAL ILLNESSES

Aortic Surgery
Aplastic Anemia
Bacterial Meningitis
Benign Brain Tumor
Blindness
Coma
Coronary Artery Bypass Surgery
Partial Payment for Coronary Angioplasty:
The benefit will provide 10% of the Principal Sum
Deafness
Dementia, including Alzheimer's Disease
Heart Attack
Heart Valve Replacement or Repair
Kidney Failure
Life Threatening Cancer
Loss of Independent Existence
Loss of Limbs
Loss of Speech

Major Organ Failure on Waiting List
Major Organ Transplant
Motor Neuron Disease
Multiple Sclerosis
Muscular Dystrophy
Occupational HIV Infection
Parkinson's Disease and Specified Atypical Parkinson Disorders
Quadriplegia, Paraplegia, Hemiplegia
Severe Burn
Stroke

Partial payment for Non-Life-Threatening Cancer: The benefit will provide 25% of the Principal Sum for the following conditions:

- 1) **Stage I malignant melanoma of the skin**
- 2) **Basal or Squamous Cell Carcinoma**
- 3) **Stage I Colon cancer (T1 or T2)**
- 4) **Carcinoma in situ;**
- 5) **T1a or T1b Prostate cancer**
- 6) **Papillary thyroid cancer or follicular thyroid cancer,**
- 7) **chronic lymphocytic leukemia classified as Rai stage 0**
- 8) **Any tumour in the presence of any Human Immunodeficiency (HIV).**

BENEFIT PAYMENT CONDITIONS

Payment of benefits upon the first diagnosis of the Critical Illnesses listed above is subject to the following:

- the diagnosis is made within Canada;
- the diagnosis is made while your coverage is in effect under the policy;
- payment is not precluded by any general or specific exclusion or limitation set forth in the policy or any failure to meet any condition precedent set out below; and
- once 100% of the maximum Benefit Amount has been paid, coverage terminates and no further benefits are payable, except as described under Multiple Event Benefit.

MULTIPLE EVENT BENEFIT

If you are diagnosed with a Critical Illness for which the Principal Sum has been paid and is then diagnosed with a subsequent Critical Illness an additional payment equal to the Principal Sum is payable if you have been actively at work for at least 90 days before being diagnosed with a subsequent Critical Illness and the subsequent Critical Illness is a different Critical Illness Group than the initial Critical Illness Group for which the Principal Sum has been paid (as determined in the table below).

You are eligible for payment of the Principal Sum one time per Critical Illness Group, as follows:

Critical Illness Group	Critical Illness Conditions
Group 1	Aortic Surgery; Coronary Artery Bypass Surgery; Heart Attack; Heart Valve Replacement or Repair; Stroke
Group 2	Aplastic Anemia; Kidney Failure; Major Organ Failure on Waiting List; Major Organ Transplant
Group 3	Bacterial Meningitis; Benign Brain Tumor; Coma; Dementia, including Alzheimer's Disease; Loss of Independent Existence; Loss of Speech; Motor Neuron Disease; Multiple Sclerosis; Muscular Dystrophy; Parkinson's Disease and Specified Atypical Parkinson Disorders; Quadriplegia, Paraplegia, Hemiplegia
Group 4	Blindness
Group 5	Deafness
Group 6	Life Threatening Cancer
Group 7	Loss of Limbs
Group 8	Occupational HIV Infection
Group 9	Severe Burn

DIAGNOSTIC REQUIREMENTS

All Critical Illnesses - The insurer reserves the right to have any Critical Illness diagnosis reviewed by a physician of its choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, the insurer shall have the right to request an examination of either you or the evidence used in the arriving at your diagnosis by an independent acknowledged expert selected by the insurer in the applicable field of medicine. The opinion of such expert as to such diagnosis shall be binding on both you and the insurer.

CONTINUANCE OF COVERAGE

If you are not actively working your coverage may be extended for a period of time in accordance with the Trust Fund provisions. Please contact your plan administrator.

CLAIMS

Notice of Claim

Written notice of claim must be filed within 30 days after the diagnosis, or as soon thereafter as is reasonably possible.

Claim Forms

Claim forms can be obtained at:

Benefit Plan Administrators Limited
90 Burnhamthorpe Road West, Suite 300
Mississauga, Ontario L5B 3C3

Tel: 905-275- 6466 Toll Free: 1 800-867-5615

Proof of Loss

Written proof of loss must be furnished within 90 days after the date of the diagnosis. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claim

Upon receipt of due written proof of loss, benefit payments will be made to you (or on behalf of you, if applicable). If you should die before all payments due have been made, the amount still payable will be paid to your beneficiary.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made to any relative by blood or connection by marriage of the payee who, in the insurer's opinion, has assumed custody and support of the minor or responsibility for the incompetent person's affairs.

EXCLUSIONS AND LIMITATIONS

The policy does not provide benefits caused in whole or in part by, or resulting in whole or in part from, the following:

- 1) suicide or any attempt at suicide, or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- 2) declared or undeclared war, or any act of declared or undeclared war;
- 3) commission of or attempt to commit a felony;
- 4) voluntary participation in any riot or civil insurrection;
- 5) any illness specifically excluded from the definitions of Critical Illness.

This brochure is a summary of benefits only. In the event of a dispute, all terms and conditions of the Master Policy shall prevail.

The Master Policy is on file with Insulators Local 95 Benefit Fund.



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For eligible members of
Insulators Local 95
Benefit Fund



POLICY NUMBER

CI 9136485A

January 2021