



**Policy No. 10005118
Canadian Coast Guard Auxiliary**

**VOLUNTARY ACCIDENT INSURANCE PROGRAM
YOUR REWARD FOR YOUR EFFORTS IN SAVING LIVES**

The Program

A specialized program of accident insurance is now available to protect you and your family. Round the clock coverage is provided at very attractive group rates to all eligible members and full-time employees.

What Does It Cover?

Any accident resulting in death, dismemberment, loss of sight, or paralysis - anywhere in the world – 365 day protection - 24 hours a day - on or off the job.

Who Is Eligible?

All members in good standing and full-time employees, under age 70, their Spouses, and unmarried Dependent Children. Unmarried Dependent Children are under age 21 or under 26 years of age, if attending college or other school on a full-time basis and dependent on you for support.

What Amounts Are Available?

You may elect to insure yourself only or yourself and your family for one of these plans outlined below:

A. MEMBER ONLY PLAN

You may select amounts of insurance in units of \$25,000 from a minimum of \$200,000, subject to a maximum of \$750,000.

B. FAMILY PLAN:

You may select amounts of insurance in units of \$25,000 from a minimum of \$200,000, subject to a maximum of \$750,000 AND your family will automatically be insured for the following:

SPOUSE - Your Spouse will be insured for 50% of the benefit you elect for yourself if there are no Dependent Children, or 40% if there are Dependent Children.

CHILDREN - Each Dependent Child will be insured for 15% of your benefit if you have a spouse, or 20% if you do not, subject to a maximum of \$100,000.

WHAT BENEFITS ARE PROVIDED?

Accidental Death, Dismemberment and Specific Loss Indemnity

When injury shall, within 12 months of the date of the accident causing such injury, result in any of the following losses, the Company will pay for loss of or permanent and total loss of use of:

	% of Principal Sum
Life	100%
Both Hands or Both Feet or Entire Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and Entire Sight of One Eye	100%
One Foot and Entire Sight of One Eye	100%
Speech and Hearing in both Ears	100%
One Arm or One Leg.....	75%
One Hand or Foot or Entire Sight of One Eye.....	66 ² / ₃ %
Speech or Hearing in both Ears	66 ² / ₃ %
Thumb and Index Finger of Either Hand or Four Fingers of Either Hand.....	33 ¹ / ₃ %
Hearing in One Ear	33 ¹ / ₃ %
All Toes of One Foot	25%

Paralysis Benefits

Quadruplegia (total paralysis of all four limbs).....	100%
Paraplegia (total paralysis of the lower limbs).....	100%
Hemiplegia (total paralysis of one side of the body).....	100%

“Injury” means bodily injury caused by an accident occurring while the policy is in force as to the Insured Member, Insured Spouse or Insured Dependent Child and resulting directly and independently of all other causes in loss covered by the policy.

Any indemnity payable for loss of use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of twelve months from the date of the accident.

In no event will indemnity payable for all losses under this part exceed, in the aggregate, two times the principal sum as the result of the same accident.

Spousal Retraining Benefit

If injury results in the loss of life of an Insured Member, the Company will reimburse the Spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which he/she would not otherwise have sufficient qualifications, subject to a maximum of \$10,000.

Education Benefit

If injury results in loss of life of an Insured Member, the Company will pay 5% of the Insured Member’s principal sum to a maximum of \$5,000 to any Dependent Child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level but not to exceed four consecutive annual payments. If, at the time of loss, the Insured Member has no Dependent Children eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500 to the designated beneficiary.

Day Care Benefit

If injury results in the loss of life of an Insured Member, the Company will pay 5% of the Insured Member’s principal sum to a maximum of \$5,000 for each year the Dependent Child is enrolled in a legally licensed day care (not to exceed four years) for each of the Insured Member’s Dependent Children who are under 13 years of age and are enrolled in a legally licensed day care centre on the date of the accident.

Repatriation Benefit

If injury results in loss of life of an Insured Member, Insured Spouse or Insured Dependent Child, the Company will pay the expense incurred for shipment of the body to the city of residence of the deceased, subject to a maximum amount of \$10,000.

Seat Belt Benefit

In the event an Insured Member, Insured Spouse or Insured Dependent Child sustains an injury which results in a loss payable under Accidental Death, Dismemberment and Specific Loss Indemnity of the policy, the Insured Member, Insured Spouse or Insured Dependent Child’s amount of principal sum will be increased by 10% if, at the time of the accident, the Insured Member, Insured Spouse or Insured Dependent Child was driving or riding in a vehicle and wearing a properly fastened seat belt.

Family Transportation Benefit

When, as a result of loss covered by the policy, an Insured Member, Insured Spouse or Insured Dependent Child is confined as an inpatient in a hospital located at least 150 km from his/her residence, the Company will pay the reasonable expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined Insured Member/Employee, Insured Spouse or Insured Dependent Child, not to exceed in the aggregate the amount of \$10,000 for all such expenses.

Rehabilitation Benefit

If injury caused by an accident requires that the Insured Member undergo special training in order to be qualified to engage in a special occupation in which he/she would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training to a maximum of \$10,000 as the result of any one accident.

Home Alteration and Vehicle Modification Benefit

If an injury sustained by an Insured Member, Insured Spouse or Insured Dependent Child results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity of the policy and such Insured Member, Insured Spouse or Insured Dependent Child subsequently requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the Insured Member's, Insured Spouse's or Insured Dependent Child's principal residence and/or the cost of modification to one motor vehicle utilized by the Insured Member, Insured Spouse or Insured Dependent Child to a maximum of \$10,000.

When Does This Insurance Not Apply?

- in case of suicide or any attempt thereat while sane or insane;
- intentionally self-inflicted injury;
- declared or undeclared war or any act thereof;
- full-time active service in the armed forces of any country;
- flying as a pilot or crew member of any aircraft;
- flying in any aircraft owned, operated or leased by the Policyholder

What Does Insurance Cost?

- A. MEMBER ONLY PLAN** - The Member Only Plan is \$0.05 per month for each \$1,000 of insurance.
- B. FAMILY PLAN** - The Family Plan is \$0.09 per month for each \$1,000 of insurance

EXAMPLE OF AVAILABLE PRINCIPAL SUMS AND PREMIUM PER MONTH

Principal Sum Selected for Yourself	Member Only Plan	Family Plan
\$750,000	\$37.50	\$67.50
\$500,000	\$25.00	\$45.00
\$400,000	\$20.00	\$36.00
\$300,000	\$15.00	\$27.00
\$250,000	\$12.50	\$22.50
\$225,000	\$11.25	\$20.25
\$200,000	\$10.00	\$18.00

EXAMPLE:

If you select \$200,000 of coverage, the amount insured will be:

	Member Only	Family Plan
Member	\$200,000	\$200,000
Spouse (50%)	N/A	\$100,000
Each Child-if no Spouse (20%)	N/A	\$40,000
Each Child-if have Spouse (15%)	N/A	\$30,000

Your monthly payment would be:

Member Only	\$10 monthly
Family Plan	\$18 monthly

plus Retail Sales Tax where applicable

When is Coverage Effective?

If you choose to enroll in the program, your coverage will start on the first of the month following the date your completed enrollment form, along with your first month's premium payment, is received by the Plan Administrator.

To Whom Are Benefits Paid?

Accidental Death benefits will be paid to the beneficiary designated on your enrollment form. Any other benefits payable, which include those payable for your Insured Spouse and Insured Dependent Children will be paid to the Insured Member.

How do I apply?

It is simple. Just complete the Enrollment Form and forward it to the Plan Administrator, along with your first month's premium payment.

This brochure is for information purposes only. For further details, refer to the Master Policy which is on file with the Policyholder. The group Master Policy sets forth in detail the terms and conditions of the Plan and all rights and obligations are determined in accordance with the Master Policy, not this brochure.

Underwritten by:

Industrial Alliance Pacific Insurance and Financial Services Inc.



Plan Administrator:

Industrial Alliance Pacific Insurance and Financial Services Inc.

Special Markets Group

2165 Broadway W, PO Box 5900, Vancouver, BC, V6B 5H6

Toll free: 1-800-266-5667 or e-mail: group@iapacific.com