



Industrial Alliance Insurance and Financial Services Inc.

(hereinafter called the Company)

Issued to: ONTARIO PHARMACISTS' ASSOCIATION

(hereinafter called the Policyholder)

Policy Number: 100008867 (replacing policy issued September 22, 2011)

Effective Date: SEPTEMBER 22, 2018

Expiry Date: SEPTEMBER 22, 2019

In consideration of the payment in advance of the premium in the amount and in the manner set forth herein, the Company agrees to insure eligible persons of the Policyholder who are named or designated herein and for whom application is made by the Policyholder, for loss resulting from Injury to the extent herein provided and subject to all the exclusions, limitations and provisions of this policy.

All periods of time under this policy begin and end at 12:01 a.m., Standard Time, at the address of the Policyholder.

This policy may be renewed only with the consent of the Company for further consecutive terms upon payment of the premium at the rate and in the amount determined by the Company at the time of renewal. The first day of each such term will be a premium due date.

The provisions set forth on the following pages together with this page constitute the policy.

In witness whereof, the Company has caused this policy to be executed by its President and Chief Executive Officer and Corporate Secretary, but it will not be binding upon the Company until countersigned by the Company's Registrar.

A handwritten signature in black ink, appearing to read 'James Deane', written over a horizontal line.

PRESIDENT AND CHIEF EXECUTIVE OFFICER

A handwritten signature in black ink, appearing to read 'Jennifer Ribblee', written over a horizontal line.

CORPORATE SECRETARY

COUNTERSIGNED

A handwritten signature in black ink, appearing to read 'M Campbell', written over a horizontal line.

REGISTRAR

DEFINITIONS

“**Accident**” whenever used in this policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

“**Airworthiness Certificate**” whenever used in this policy means “Standard” Airworthiness Certificate issued by the Federal Aviation Agency of Canada or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

“**Day Care Centre**” whenever used in this policy means a facility which is operated according to law, including laws and regulations applicable to day care facilities and which provides care and supervision for children in a group setting on a regular basis. Day Care Centre will not include a Hospital; the child's home or care provided during normal school hours while a child is attending grades 1 through 12.

“**Dependent Child**” whenever used in this policy means any natural child, stepchild, or legally adopted child of the Insured Person, who receives support and maintenance from the Insured Person and is:

- (a) under 21 years of age and unmarried and who is not engaged in gainful employment more than 25 hours per week at the time of Loss; or
- (b) 21 years of age and over, but less than 26 years of age, unmarried, and is in full-time attendance at a School for Higher Learning and who is not engaged in gainful employment more than 25 hours per week at the time of Loss; or
- (c) mentally or physically infirm, incapable of self-sustaining employment and who is considered a dependent of the Insured Person within the terms of the Income Tax Act (Canada) or equivalent.

Notwithstanding the above limitations, this definition will also include a child of the Insured Person's Spouse who is in the care, custody and control of the Insured Person and living in a parent-child relationship with the Insured Person.

“**Disability**” whenever used in this policy means Total Disability.

“**Division Headquarters**” whenever used in this policy means Special Markets Solutions Division Headquarters of Industrial Alliance Insurance and Financial Services Inc. located at 2165 Broadway West, PO Box 5900, Vancouver, British Columbia, V6B 5H6.

“**Elimination Period**” whenever used in this policy means the period of continuous Disability which immediately follows commencement of the Disability and for which no benefits are payable.

“**Flight Time**” whenever used in this policy means the total time from the moment the aircraft first moves under its own power for the purpose of take-off until the moment it comes to rest at the end of the flight.

“**Hospital**” whenever used in this policy means an institution operated pursuant to law for the care and treatment of sick and injured persons, with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, or health spa, or rehabilitation centre, or a facility for the treatment of alcoholism, drug addiction or mental illness.

DEFINITIONS (Continued...)

“Injury” whenever used in this policy means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

“Insurance Act” whenever used in this policy means the applicable insurance legislation in the applicable provincial jurisdiction.

“Insured Person” whenever used in this policy means persons or categories of persons as designated in Section 1 of the Schedule.

“Leased” whenever used in this policy means an aircraft whose possession is turned over to a firm or individual for a specified period of time, with the owner retaining full title to such aircraft.

“Loss” whenever used in this policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“Loss of Use” whenever used in this policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

“Member of the Crew” whenever used in this policy means a person assigned to duty in an aircraft during Flight Time and whose occupation is related to the safety of passengers, the operation and/or the actual flying of the aircraft.

“Member of the Immediate Family” whenever used in this policy means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above includes natural, adopted or step relationships), Spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Nurse” whenever used in this policy means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. The nurse is neither the Insured Person nor a Member of the Immediate Family and must not ordinarily reside in the Insured Person’s Residence.

“Physician” whenever used in this policy means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practise medicine by 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

DEFINITIONS (Continued...)

“**Principal Sum**” whenever used in this policy means the amount of insurance for which the Insured Person is covered, as shown in the records of the Company and/or the Policyholder.

“**Regular Care and Attendance**” whenever used in this policy means medical treatment to the extent necessary under existing standards of medical practice for the condition causing disability, Hospital confinement or requiring such treatment.

“**Residence**” whenever used in this policy means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

“**School for Higher Learning**” whenever used in this policy includes any university, college, CEGEP {Collège d’Enseignement Général et Professionnel (community colleges in Quebec)} or trade school.

“**Spouse**” whenever used in this policy means a person who is under the age of 65 and;

- (a) to whom the Insured Person is legally married;
- (b) to whom the Insured Person is married by a marriage that is voidable and has not been declared null and void; or
- (c) with whom the Insured Person has continuously cohabited and who has been publicly represented as the Insured Person’s Spouse for a minimum of 12 months immediately before a Loss is incurred under this policy.

Only one individual will qualify as a Spouse.

If the Insured Person is legally married but is also cohabiting with an individual as described under (b) or (c) above, the Insured Person may elect in writing which one of the individuals will qualify as a Spouse under this policy. This election must be filed with the Policyholder. The Company will not be bound by an election not filed before the event insured against. If an election is not filed, the Spouse will be the individual to whom the Insured Person is legally married.

“**Total Disability**” whenever used in this policy means that the Insured Person (1) is unable to perform the substantial and material duties pertaining to His Occupation and (2) requires the Regular Care and Attendance of a Physician.

“**Vehicle**” whenever used in this policy means a passenger car, station wagon, van, jeep-type automobile or truck.

Whenever a reference to the masculine gender appears in this policy, it will also be construed to include the feminine gender.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

If, within 12 months of the date of the Accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

Life.....	The Principal Sum
Both Hands	The Principal Sum
Both Feet.....	The Principal Sum
Entire Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand and the Entire Sight of One Eye	The Principal Sum
One Foot and the Entire Sight of One Eye	The Principal Sum
Speech and Hearing in Both Ears	The Principal Sum
One Arm.....	4/5 of the Principal Sum
One Leg.....	4/5 of the Principal Sum
One Hand	3/4 of the Principal Sum
One Foot	3/4 of the Principal Sum
Entire Sight of One Eye	3/4 of the Principal Sum
Speech or Hearing in Both Ears.....	3/4 of the Principal Sum
Thumb and Index Finger of Either Hand.....	2/5 of the Principal Sum
Four Fingers of Either Hand.....	2/5 of the Principal Sum
Hearing in One Ear	2/5 of the Principal Sum
All Toes of One Foot	1/3 of the Principal Sum

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs)	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	Two Times the Principal Sum

Indemnity provided under this part for all losses sustained by an Insured Person as the result of any one Accident will not exceed the following:

- (a) With the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum;
- (b) With respect to Quadriplegia, Paraplegia and Hemiplegia, two times the Principal Sum, or the Principal Sum if loss of life occurs within 90 days after 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.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

If, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires treatment within 30 days from the date of the Accident by a legally qualified dentist or dental surgeon, the Company will pay the expenses actually incurred by the Insured Person for such treatment or service within 12 months of the date of the Accident. Payments under this part will be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's Residence in Canada or its equivalent, as determined by the Company. In no event will benefits exceed the amount stated in Section 2 of the Schedule as the result of any one Accident.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT

If, by reason of Injury, the Insured Person requires medical treatment within 30 days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician with respect to Items (a) to (g):

- (a) expenses for the services of a Nurse;
- (b) transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment;
- (c) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary;
- (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a Physician, subject to a maximum reimbursement of \$500.00 during any one policy year;
- (f) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist or Physician;
- (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of \$750.00 during any one policy year;
- (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of \$500.00 during any one policy year,

the Company will pay the reasonable and customary expenses actually incurred by the Insured Person within 12 months after the date of the Accident, not to exceed in the aggregate the amount stated in Section 2 of the Schedule as a result of any one Accident.

DAY CARE BENEFIT

If an Injury sustained by an Insured Person results in loss of life within 12 months of the date of Accident, the Company will pay the Day Care Benefit stated below for each of the Insured Person's Dependent Children, under 13 years of age who:

- (a) are enrolled in a legally licensed Day Care Centre on the date of such loss; or
- (b) enroll in a legally licensed Day Care Centre within 12 months after the date of death of the Insured Person.

The Day Care Benefit is equal to the reasonable and necessary expenses actually incurred, subject to five percent of the Insured Person's Principal Sum to a maximum of \$5,000.00, for each year the Dependent Child described above is enrolled in a legally licensed Day Care Centre, but not to exceed four years, which must run consecutively, with respect to any one Dependent Child.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the Dependent Child is enrolled in a legally licensed Day Care Centre, but payment will not be made for expenses incurred prior to the death of the Insured Person, nor for room, board or other ordinary living, travelling or clothing expenses.

In the event the Insured Person's Dependent Child does satisfy the requirements indicated above, the Day Care Benefit will be payable to the surviving Spouse if the Spouse has custody of the Dependent Child. If there is no surviving Spouse or the Dependent Child does not reside with the Spouse, benefits payable under this part will then be paid to the Dependent Child's legally appointed guardian.

"Dependent Child" includes a child (or children of a multiple birth) who is born within nine months of the Insured Person's date of loss, provided such child was conceived prior to the date of loss of the Insured Person.

EDUCATION BENEFIT

If an Injury sustained by an Insured Person results in loss of life within 12 months of the date of Accident, the Company will pay the Education Benefit stated below for each of the Insured Person's Dependent Children, who are enrolled as full-time students:

- (a) in a School for Higher Learning above the secondary school level as defined, in the province, territory or country of Residence; or
- (b) at the secondary school level but who enroll as full-time students in a School for Higher Learning within 12 months after the date of death of the Insured Person.

The Education Benefit is equal to the reasonable and necessary expenses actually incurred, subject to five percent of the Insured Person's Principal Sum to a maximum of \$10,000.00, for each year the Dependent Child described above continues his education on a full-time basis in a School for Higher Learning, but not to exceed four years, which must run consecutively, with respect to any one Dependent Child.

The benefit will be paid each year immediately upon receipt of satisfactory proof that the child is enrolled as a full-time student in a School for Higher Learning, but payment will not be made for expenses incurred prior to the death of the Insured Person, nor for room, board or other ordinary living, travelling or clothing expenses.

EDUCATION BENEFIT (Continued...)

In the event the Insured Person's Dependent Child does satisfy the requirements indicated above, such child, if not a minor, will be deemed the beneficiary with respect to benefits payable under this part. In the event such child is a minor, then the Education Benefit will be payable to the surviving Spouse if the Spouse has custody of the Dependent Child. If there is no surviving Spouse or the Dependent Child does not reside with the Spouse, benefits payable under this part will then be paid to the Dependent Child's legally appointed guardian.

If, at the time of loss, none of the Insured Person's Dependent Children satisfy the requirements indicated above, the Company shall pay an additional amount of \$2,500.00 to the designated beneficiary.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an Injury sustained by an Insured Person does not cause loss of life, but results in a Loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Insured Person is subsequently required to use a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within three years of the date of the Accident causing such Loss for:

- (a) the cost of alterations to the Insured Person's principal Residence; and/or
- (b) the cost of modifications to one motor Vehicle utilized by the Insured Person, when such modifications are approved by the provincial vehicle licensing authorities where required,

for the purpose of making them wheelchair accessible.

Payment by the Company for the total of all expenses incurred by or for any Insured Person is subject to a maximum of the greater of \$15,000 or 10% of the Insured Person's Principal Sum amount to a maximum of \$50,000.00 as the result of any one Accident.

REHABILITATION BENEFIT

If an Injury sustained by an Insured Person results in a Loss payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Injury requires that the Insured Person undergo special training in order to be qualified to engage in a special occupation in which he would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense incurred for such training by the Insured Person within three years of the date of the Accident, subject to a maximum of \$20,000.00 as the result of any one Accident.

Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

REPATRIATION BENEFIT

If an Injury sustained by an Insured Person results in loss of life and indemnity becomes payable in accordance with the terms of this policy, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the city of Residence, including the preparation of the body for such transportation, subject to a maximum of \$20,000.00.

SPOUSAL RETRAINING BENEFIT

If an Injury sustained by an Insured Person results in loss of life and indemnity becomes payable in accordance with the terms of this policy, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such Accident by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, not to exceed in the aggregate \$20,000.00 for all such expenses. Payment will not be made for room, board, or other ordinary living, travelling or clothing expenses.

In the event the Insured Person's Spouse does satisfy the requirements indicated above, such Spouse will be deemed the beneficiary with respect to benefits payable under this part.

UNEMPLOYED WEEKLY ACCIDENT INDEMNITY

This indemnity is applicable only to those Insured Persons who were neither gainfully employed nor receiving employment insurance benefits immediately before the date of the Accident.

Indemnity will be payable for Disability caused by or resulting from an Injury for which medical treatment is being rendered, prescribed or recommended.

Indemnity for Disability is payable from the first day following the end of the Elimination Period stated in Section 2 of the Schedule and is subject to the applicable Maximum Period Payable stated in Section 2 of the Schedule. An Elimination Period will neither begin nor continue, nor will indemnity be payable under this policy for any period of Disability during which the Insured Person is not under the Regular Care and Attendance of a Physician.

Indemnity Payable for Total Disability

When the Insured Person, prior to age 65, sustains Total Disability commencing within 30 days after the date of the Accident, the Company will pay the Weekly Accident Indemnity stated in Section 2 of the Schedule for each week of Total Disability following the Elimination Period, subject to the applicable Maximum Period Payable and the all sources maximum percentage shown in the paragraph titled "Indemnity Offsets".

Indemnity payable under this policy for periods which are less than one week will be paid on the basis of one seventh of the Weekly Accident Indemnity, for each day of Disability.

LIMITED AIR TRAVEL COVERAGE

Insurance provided under this policy includes Injury sustained in consequence of riding as a passenger, and not as a pilot or Member of the Crew, in, boarding or alighting from, or being struck by, or making a forced landing with or from (a) any aircraft having a current and valid Airworthiness Certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or (b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

LIMITED AIR TRAVEL COVERAGE (Continued...)

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding as a passenger, pilot, operator or Member of the Crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or Leased by the Policyholder.

EXPOSURE AND DISAPPEARANCE

If, as the result of an Accident, an Insured Person is unavoidably exposed to the elements and if, as a result of such exposure and within 12 months after the date of the Accident, the Insured Person suffers a loss for which indemnity would otherwise have been payable hereunder, such loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which an Insured Person was riding, the Insured Person disappears, and if the body of the Insured Person is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

AGGREGATE LIMIT OF INDEMNITY

The aggregate limit of indemnity stated in Section 3 of the Schedule is the limit of indemnity for which the Company will be liable under this policy for all losses arising out of any one Accident. In the event said limit of indemnity for any one Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one Accident bears to the total amount of insurance that would have been payable except for such limit of indemnity.

EXCLUSIONS AND LIMITATIONS

This policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) declared or undeclared war or any act thereof;
- (b) active full-time service in the armed forces of any country;
- (c) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- (d) Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".

Nor does this policy cover expenses incurred:

- (e) for sickness or disease, either as a cause or effect;
- (f) for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefor;
- (g) for charges of masseur;
- (h) for x-rays, repairs or replacement of pre-existing dentures, fillings or crowns, except as provided in the part titled "Accidental Dental Reimbursement Benefit";
- (i) by an Insured Person who is not covered under any Federal or Provincial Hospital Plan.

EXCLUSIONS AND LIMITATIONS (Continued...)

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to hospital and/or medical plans. Benefits will be reduced under the parts titled “Accidental Medical Reimbursement Benefit” and “Accidental Dental Reimbursement Benefit” of this policy by any amount paid or payable under any other policy providing similar reimbursement expenses.

EFFECTIVE DATE OF INSURANCE OF AN INSURED PERSON

Each person who is eligible for insurance under this policy shall become an Insured Person on the later of:

- (a) the effective date of this policy;
- (b) the date he becomes an eligible person, as specified in Section 1 of the Schedule.

TERMINATION OF INSURANCE OF AN INSURED PERSON

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

- (a) the date this policy is terminated;
- (b) the premium due date if the Policyholder fails to pay the required premium for an Insured Person, except as the result of an inadvertent error;
- (c) the date an Insured Person reaches 65 years of age;
- (d) the date an Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

TERMINATION OF POLICY

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days’ notice in writing of such intention to terminate, delivered personally or sent by registered mail to the latest address of the Company or the Policyholder, as the case may be and thereupon, this policy will cease on the expiration of such 30 days.

This policy may be terminated by the Company forthwith provided such cancellation is given in writing, delivered personally or sent by registered mail to the latest address of the Policyholder in the event of failure by the Policyholder to remit premiums to the Company as and when due.

INADVERTENT ERROR

The insurance of an Insured Person will not be prejudiced by the failure on the part of the Policyholder to transmit reports or comply with any of the provisions of this policy when such failure is due to inadvertent error or clerical mistake. This clause does not apply to claims reporting. Claims must be reported within the time frame specified in “Notice and Proof of Claim” under the part titled “General Provisions”.

GENERAL PROVISIONS

THE CONTRACT

This policy, including the endorsements, insertions, riders or attachments, if any, and the application for the contract if attached to the policy, constitutes the entire contract and no agent has authority to change the contract or waive any of its provisions.

CONFIDENTIALITY OF INFORMATION

The Policyholder acknowledges that all information provided to the Company in connection with an application for insurance or insurance coverage of a person will be treated as confidential.

The Company and the Policyholder are obliged to comply with legislation relating to the collection, retention, use and disclosure of personal information about policyholders, certificate holders and personnel. The Policyholder acknowledges receipt of the Company's Privacy Policy ("the Privacy Policy") attached as Appendix 1, setting out the Company's standards in dealing with personal information and agrees to manage any personal information held by it on behalf of the Company in a manner consistent with the Privacy Policy. Additionally, the Policyholder agrees to abide by any privacy procedures relevant to it provided by the Company from time to time. Such procedures are intended to implement the principles set out in the Privacy Policy.

WAIVER

The Company will be deemed not to have waived any conditions of this contract, either in whole or in part, unless the conduct of its employees or authorized representative reasonably causes the Insured Person to believe a requirement is excused, or the waiver is clearly expressed in writing and signed by a duly authorized officer of the Company.

POLICY REPLACEMENT – BENEFICIARY

In the situation where this policy replaces an existing policy issued to the Policyholder, the beneficiary designation recorded under the replaced policy will be deemed to be valid and of full force and effect under this policy until changed in writing by the Insured Person.

NOTICE AND PROOF OF CLAIM

The Insured Person or his agent, or a beneficiary entitled to make a claim, or his agent will

- (a) give written notice of claim to the Company,
 - (i) by delivery thereof, or by sending it by registered mail to the Division Headquarters or chief agency of the Company in the province; or
 - (ii) by delivery thereof to an authorized agent of the Company in the province, not later than 30 days from the date of the Accident,
- (b) within 90 days from the date of the Accident for which the claim is made, furnish to the Company such proof of claim as is reasonably possible in the circumstances of the happening of the Accident, and the loss occasioned thereby, and
- (c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the Accident for which the claim may be made under the contract.

GENERAL PROVISIONS (Continued...)

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 12 months from the date of the Accident, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

CLAIM FORMS

The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

TIME OF PAYMENT OF CLAIMS

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

All monies payable under this policy by the Company will be paid in the currency in which premiums are paid.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense will have the right and opportunity to examine the person of any individual whose Injury is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

INSPECTION OF RECORDS

The Policyholder will, from time to time, whenever requested by the Company during the term of this policy and for 12 months after its expiration, permit the Company to inspect all records of the Policyholder relating to this policy and all persons insured hereunder.

LEGAL ACTION

No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 12 months (two years in Alberta and British Columbia, and three years in Quebec) after the time written proof of loss is required to be furnished.

Attached to and forming part of Policy Number 100008867

GENERAL PROVISIONS (Continued...)

LEGAL ACTION (Continued...)

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

SCHEDULE

Section 1 - Insured Persons – The following persons or categories of persons are Insured Persons under this policy.

**Classification
of
Insured Persons**

Name or Category of Insured Persons

Class 1 All student members of the Policyholder for whom the applicable premium has been paid.

Section 2 – Benefits

Class 1	Principal Sum	\$100,000.00
	Accidental Dental Reimbursement Benefit	\$2,000.00
	Accidental Medical Reimbursement Benefit	\$25,000.00
	Unemployed Weekly Accident Indemnity	
	Maximum Benefit Payable	
	- Total Disability	\$100.00 per week
	Elimination Period	
	- Total Disability	0 days
	Maximum Period Payable	
	- Total Disability	13 weeks

Section 3 - Aggregate Limit of Indemnity – \$750,000.00 per any one Accident.

Section 4 - Premium – The deposit premium for the current term of this policy is \$5,000.00, calculated at a premium rate of \$20.00 per Insured Person per month..

Section 5 - Description of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy for each classification of Insured Persons are defined as follows:

Injury sustained while participating in the work experience program sponsored by the Policyholder including:

- (a) While performing the regular and assigned duties while on the premises of the placement worksite, and

SCHEDULE

Section 5 - Description of Hazards (Continued...)

- (b) While travelling as part of his regular and assigned duties on the business of and authorized by the placement worksite.

Section 6 - Beneficiary

Indemnity payable in the event of the loss of life of an Insured Person is payable to the beneficiary or beneficiaries designated in writing by the Insured Person and on file with the Policyholder. If there is no such beneficiary designation, the indemnity is payable to the estate of the Insured Person. All other indemnities are payable to the Insured Person, with the exception of indemnities payable under the following parts:

Day Care Benefit
Education Benefit

Repatriation Benefit
Spousal Retraining Benefit

Appendix 1

PRIVACY POLICY FOR iA FINANCIAL GROUP

iA Financial Group is composed of Industrial Alliance Insurance and Financial Services Inc. and its subsidiaries (“iA”). iA is committed to protecting its clients’, employees’ and representatives’ (the “Individual’s”) privacy, and to ensuring the confidentiality of the personal information provided to iA in the course of its business.

iA’s Privacy Policy sets out the standards for collecting, using, disclosing and storing Individual’s personal information. iA’s Privacy Policy also explains how iA safeguards the Individual’s personal information and right to access that information.

Personal Information

Personal Information is any information about an individual that identifies him or her, such as financial, lifestyle or health information, but not their name, or business title, address, telephone and email.

Personal information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

Purpose of Information Collection

Collecting information about an Individual is necessary in order for iA to provide the Individual with high quality services. The nature and sensitivity of the information iA collects about an Individual varies according to the services iA provides the Individual and to legal requirements imposed on iA (such as information required for tax purposes).

The purposes for which iA collects personal information about an Individual are identified at or before the time of collection. For example, information may be collected while submitting an application, opening an account, or submitting a claim.

Purposes for collecting information generally include providing products or services requested, confirming the Individual’s identity, protecting against fraud, or dealing with matters concerning the relationship between iA and the Individual.

Consent

When iA obtains personal information from an Individual, iA initially requires the Individual’s consent to collect, use or disclose the information for the purposes specified. iA will obtain the Individual’s consent for any additional use, disclosure or collection, or if the purpose is changed.

iA generally seeks the Individual’s express written consent in order to collect, use or disclose personal information. Where appropriate, iA may accept the Individual’s verbal consent. Occasionally, iA may imply consent where iA can infer consent from the Individual’s action or inaction.

Consent must be given by the Individual or the Individual’s authorized representative such as a legal guardian or a person having a power of attorney.

Appendix 1 (Continued...)

Consent (continued...)

The Individual may withdraw his consent at any time, subject to legal or contractual restrictions. iA will inform the Individual of the consequences of such withdrawal, including the possibility that iA may not be able to provide a product or process a request. If the Individual chooses to withdraw his consent, iA will record the decision in its file.

In limited circumstances, iA may collect, use or disclose personal information without the Individual's knowledge and consent. This occurs when legal, medical, or security reasons may make it impossible or impractical to seek consent, or when information is being collected for the investigation of a potential breach of contract, the prevention or detection of fraud, or for law enforcement purposes.

Limits to Collection, Use and Disclosure

iA only collects the personal information iA needs directly from the Individual or from a third party where the Individual allows iA to collect the information. iA cannot use an Individual's personal information for other purposes without his consent or disclose the Individual's personal information to anyone except with the Individual's consent.

iA may however collect, use or disclose the Individual's personal information without the Individual's consent as permitted or required by law.

iA will limit the collection, use and disclosure of the Individual's personal information to the purposes iA has identified to the Individual. The Individual's personal information is only accessible to certain authorized persons, and only to the extent necessary to perform their duties.

iA will occasionally share the Individual's personal information with service providers or agents to ensure the proper administration of products, or to provide the Individual with the services the Individual requires. In certain circumstances, iA may use service providers outside Canada, including the United States. iA is responsible for the service provider's compliance with privacy legislation, and will ensure that the level of protection of personal information is comparable to that provided by iA.

The Individual has the right to know, on request, to whom the information was disclosed. Only in rare instances is iA prevented by law from making such disclosure. iA maintains accurate records, recording to whom iA disclosed personal information and in what circumstances it was disclosed.

Sharing Personal Information

iA may establish a list of clients (names, addresses and telephone numbers) and share this list with companies within iA Financial Group. The Individual may request that his name be removed from such a list by writing to the Privacy Officer at the address provided below.

With the Individual's consent, iA may also share the Individual's personal information with companies within iA Financial Group in order to know the Individual better, better meet the Individual's needs and offer the best possible service and client experience. If the Individual does not want to receive such offers for products and services, the Individual may choose not to provide consent.

iA does not sell the Individual's personal information to third parties.

Appendix 1 (Continued...)

Accuracy

iA makes every possible effort to ensure that an Individual's personal information is as accurate and complete as necessary for the purposes it is collected, used, or disclosed.

Retention

iA only retains the Individual's personal information for as long as needed for the purposes that it was collected. iA must destroy this information in accordance with the law and iA's file retention guidelines. When iA destroys an Individual's personal information, iA makes sure that confidentiality is secured and that no unauthorized person can access the information during the destruction process.

Accountability

iA is responsible for the Individual's personal information in iA's possession or control, including information that may be transferred by iA to third parties for processing. iA requires such third parties to keep personal information under strict standards of privacy and protection.

iA adheres to legislated and self-imposed rules, aimed to safeguard the Individual's privacy. iA's Privacy Officer is responsible for the oversight of this Privacy Policy and processes and procedures that iA has, to protect the Individual's personal information. Additional rules are established in a code of conduct, market conduct standards as well as insurance industry guidelines and applicable law.

iA's staff is trained on these processes and procedures and is provided with information about privacy laws.

Safeguards

iA has implemented and continues to implement rigorous safeguards so that the Individual's personal information remains strictly confidential and is protected against loss or theft, as well as unauthorized use, disclosure, access, copying, or modification.

Protection methods include organizational measures such as requiring security clearances and limiting access to a "need-to-know" basis, physical measures (e.g. building access cards for employees, visitor registration and identification cards, off-site backups and archiving), and technological measures such as the use of passwords and encryption (e.g. the use of firewalls and routinely changing passwords).

Request for Access to Information and Amendments

An Individual has the right to be informed whether iA holds personal information about him or her and to see that information. The Individual also has the right to enquire as to how iA collected the information, how iA used it and to whom it may have been disclosed.

This information will be provided to the Individual within a reasonable time from the date iA receives the Individual's written request. iA may charge a reasonable fee for processing the Individual's request.

Appendix 1 (Continued...)

Request for Access to Information and Amendments (continued...)

In certain limited and specific circumstances, iA may refuse to provide to the Individual the requested information. Exceptions to the Individual's access right can include information that contains references to other individuals, information that cannot be disclosed for legal, security or commercial proprietary reasons, information that has been obtained in the course of an investigation of a potential breach of contract or fraud, information that is prohibitively costly to provide, and information that is subject to litigation or other privilege.

In cases where iA holds medical information about the Individual, iA may refuse to provide the Individual with direct access to this information and may instead request that a health care professional be designated to provide the information to the Individual.

The Individual may challenge the accuracy and completeness of his personal information. iA will respond to an amendment request within a reasonable time.

Any request for access to information or request for an amendment may be sent to the following address:

Privacy Officer
iA Financial Group
1080 Grande Allée West
PO Box 1907, Station Terminus
Québec (Québec) G1K 7M3
Email: PrivacyOfficer@ia.ca

Complaints and Concerns

iA's employees and representatives are trained to respond to questions or concerns about personal information. Should an Individual be unsatisfied with an iA employee's or representative's response, the Individual may contact the Privacy Officer at the address mentioned above.

In addition, any complaint concerning the protection of personal information should be addressed to the Privacy Officer.

Review of The Policy

This Policy shall be reviewed every three years. It shall also be reviewed whenever there are substantive changes to legislative or regulatory requirements.