



the
EDGE[®]

Accidental Death and Dismemberment

the
EDGE[®]

POLICY BOOKLET

Simply Safeguarding Your Lifestyle™

ACCIDENTAL DEATH AND DISMEMBERMENT

IMPORTANT NOTE: You are only covered for those benefits applied for and for which premium has been received. Please see your Schedule of Benefits Issued by the Administrator for Confirmation of plan purchased.

PLEASE READ YOUR POLICY CAREFULLY

This Policy is a legal contract between you and the Company. Possession of this policy booklet alone does not entitle you to insurance under this policy. The policy must be in effect, a Schedule of Benefits must be issued by the Administrator and premiums must be paid.

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Chubb Life Insurance Company of Canada (herein called “The Company”) having issued Master Policy No. AB10381701 to THE EDGE BENEFITS Inc. (herein called the “Administrator”) agrees to provide insurance coverage and pay benefits as described in this policy booklet for loss resulting from Injury to the extent herein provided and subject to all of the exclusions, limitations and provisions of the Policy for the Insured Applicant stated in the Schedule of Benefits from whom the appropriate premium has been received.

Coverage for the Insured Applicant’s Spouse and Dependent Children applicable ONLY where Family Coverage is indicated on the Schedule of Benefits issued by the Administrator

DEFINITIONS

“Accident” means a sudden, unforeseen, fortuitous event.

“Injury” 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 the 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.

“Dependent Child” means a person who is either the natural child (legitimate or illegitimate) of the Insured Applicant, or adopted child of the Insured Applicant, or step-child of the Insured Applicant, or an infant to which the Insured Applicant is “in loco parentis”, and who is: (a) under 23 years of age, unmarried and dependent upon the Insured Applicant for maintenance and support and who is not engaged in gainful employment more than 25 hours per week at the time of Loss; (b) under 26 years of age and unmarried and in attendance at an Institution of Higher Learning and dependent upon the Insured Applicant for maintenance and support and who is not engaged in gainful employment more than 25 hours per week at the time of Loss; or (c) by reason of mental or physical infirmity, incapable of self-sustaining employment and who is considered a Dependent Child of the Insured Applicant within the terms of the Income Tax Act (Canada).

“Insured Applicant” means an individual who is a citizen or permanent resident of Canada or lives in Canada temporarily with a valid Canadian work permit who is named on the Schedule of Benefits issued by the Administrator, who has submitted application for insurance for which premium has been received.

“Insured Person” means the Insured Applicant, Insured Spouse or Insured Dependent Children.

“Member of the Immediate Family” 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 include natural, adopted or step relationships), Spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Physician” means a medical doctor (M.D.) licensed and practicing in Canada and acting within the scope of his or her license and who is not (1) the Insured Person; (2) a member of the Insured Person's Immediate Family; or (3) retained by the Administrator.

“Policy Effective Date” means the date that coverage under the policy will commence. The Policy Effective Date is shown on the Schedule of Benefits issued by the Administrator.

“Premium Due Date” means the first premium is due and payable at time of application. The Policy will not take effect without its payment. After the first premium, premiums are payable to the Administrator in advance on a monthly basis by pre-authorized Debit (PAD). The PAD date occurs on the date of each month as determined by the Insured and is reflected on the Schedule of Benefits issued by the Administrator.

“Principal Sum” means the amount of insurance for which the Insured Person is covered, as shown in the Schedule of Benefits issued by and on file with the Administrator.

Principal Sum amounts for Insured Spouse and Insured Dependent Children are as follows:

Insured Spouse: 50% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits, or if Insured Applicant does not have any eligible Dependent Children 60% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits.

Insured Dependent Children: 15% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits, or, if Insured Applicant does not have a Spouse 20% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits.

In no event shall any individual be insured for an amount in excess of \$300,000, either through a single policy or a combination of coverage through multiple AD&D policies issued by Chubb Life Insurance Company of Canada.

“Spouse” means a person who is under the age of 70 and who is either: (a) legally married to the Insured Applicant, or if there is no such person; (b) a person who, although not legally married to the Insured Applicant, is cohabitating with the Insured Applicant for a period of at least one year and is publicly represented as the Insured Applicant's domestic partner in the community in which they reside.

DESCRIPTION OF HAZARDS

The Company will pay the benefits described in this policy for any Accident which happens while an Insured Person is covered by this policy.

BENEFIT PROVISIONS AND LOSS SCHEDULE

Accidental Death & Dismemberment Benefit

If such Injuries shall result in any one of the following specific losses within one year from the date of Accident, the Company will pay the benefit specified as applicable thereto, based upon the Principal Sum stated in Schedule of Benefits; provided, however, that not

more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one Accident.

Loss of Life	The Principal Sum
Loss of Both Hands or Both Feet	The Principal Sum
Loss of Use of Both Hands or Both Feet	The Principal Sum
Loss of Entire Sight of Both Eyes.....	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of Use of One Hand and One Foot.....	The Principal Sum
Loss of One Hand and Entire Sight of One Eye	The Principal Sum
Loss of One Foot and Entire Sight of One Eye	The Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Quadriplegia	The Principal Sum
Paraplegia	The Principal Sum
Hemiplegia.....	The Principal Sum
Loss of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of One Hand or One Foot.....	Three-Quarters of The Principal Sum
Loss of Entire Sight of One Eye	Three-Quarters of The Principal Sum
Loss of Speech or Hearing in Both Ears	Two-Thirds of The Principal Sum
Loss of Thumb and Index Finger of One Hand	One-Third of The Principal Sum
Loss of Use of Thumb and Index Finger of One Hand	One-Third of The Principal Sum
Loss of Four Fingers of Either Hand	One-Third of The Principal Sum
Loss of Use of Four Fingers of Either Hand	One-Third of The Principal Sum
Loss of Hearing in One Ear	One-Third of The Principal Sum
Loss of All Toes of One Foot	One-Quarter of The Principal Sum
Loss of Use of All Toes of One Foot	One-Quarter of The Principal Sum

“Loss” shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to “Loss of Thumb and Index finger of One Hand” or “Loss of Four Fingers of One Hand”, the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard Loss of All Toes of One Foot, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot.

“Loss” as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for 180 consecutive days and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent.

“Loss of Use” shall mean the total and irrecoverable loss of function of an arm, hand, foot, leg, thumb, fingers and toes provided such loss of function is continuous for twelve

consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the benefits afforded an Insured Person. If the body of an Insured Person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident, it shall be presumed, subject to all other conditions of the policy, that the Insured Person suffered loss of life resulting from Injuries sustained in the Accident and covered under this policy.

ADDITIONAL BENEFITS

Repatriation Benefit

When Injuries covered by this policy result in loss of life of an Insured Person outside 50 km from their city of permanent residence or outside Canada and within 365 days from the date of the Accident, the Company will pay the actual expense incurred for preparing the deceased for burial and shipment and transportation to first resting place in proximity of place of residence of the deceased, but not to exceed the maximum amount of \$10,000.

Rehabilitation Benefit

When Injuries shall result in a payment being made by the Company under any benefit excluding the Loss of Life benefit provided by the policy, the Company will pay in addition: the reasonable and necessary expenses actually incurred up to the maximum amount of \$10,000 for special training of the Insured Applicant, provided:

- a) such training is required because of such Injuries and in order for the Insured Applicant to be qualified to engage in an occupation in which he/she would not have been engaged except for such Injuries;
- b) expenses be incurred within two years from the date of the Accident;
- c) no payment will be made for ordinary living, traveling or clothing expenses.

Spousal Occupational Training Benefit

When Injuries to the Insured Applicant shall result in a payment being made by the Company under the Loss of Life benefit section of this policy, the Company will pay in addition:

the expense actually incurred, within 3 years from the date of the Accident, by the spouse of the Insured Applicant for a formal occupational training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the spouse would otherwise not have sufficient qualifications. The maximum payable hereunder shall not exceed \$10,000.

Home Alteration and Vehicle Modification Benefit

In the event an Insured Person sustains an Injury which results in a payment being made under the Accidental Death & Dismemberment coverage of this policy, excluding the Loss of Life Benefit, and such Injury subsequently requires the use of a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the Accident for:

1. the one-time cost of alterations to the Insured Person's principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by the Insured Person to make the vehicle accessible or operable for the Insured Person.

Benefit payments herein will not be paid unless:

- i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- ii) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items 1 and 2 combined will not exceed \$10,000.

Day Care Benefit

If an Insured Person suffers loss of life in a covered Accident while the policy is in force as to such Insured Person, the Company will pay, in addition to all other benefits payable under the policy, a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of the Insured Person's Principal Sum amount or a maximum of \$5,000 per year, on behalf of any dependent child of the Insured Person who is enrolled in a legally licensed Day Care centre on the date of the Accident or who enrolls in a legally licensed Day Care centre within 365 days following the date of the Accident.

The "Day Care Benefit" will be paid each year for four (4) consecutive years, but only upon receipt of satisfactory proof that the child is enrolled in a legally licensed Day Care centre.

Special Education Benefit

If an Insured Person suffers loss of life in a covered Accident while the policy is in force as to such Insured Person, the Company will pay, in addition to all other benefits payable under the policy, a "special education benefit", of 5% of the Insured Person's Principal Sum up to a maximum of \$5,000 per year, on behalf of any dependent child who, on the date of the Accident, is enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the Accident.

The "special education benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

Seat Belt Benefit

In the event an Insured Person sustains an Injury which results in a payment being made under the Accidental Death & Dismemberment Coverage of this policy, the Insured Person's amount of Principal Sum will be increased by ten percent (10%), to the maximum of \$50,000 if, at the time of the Accident, the Insured Person was driving or riding in a Vehicle and wearing a properly fastened Seat Belt.

Due proof of Seat Belt use must be provided as part of the written proof of Loss.

“Vehicle” means a private passenger car, station wagon, van, or jeep-type automobile.

“Seat Belt” means those belts that form a restraint system.

Accidental Medical Reimbursement Benefit

(up to a Maximum of \$100,000 in excess of \$10,000 as per the chart below:)

AD&D Amount	Accident Medical Reimbursement Benefit (when Loss of Income is in force)*
\$50,000	\$10,000*
\$100,000	\$20,000*
\$200,000	\$40,000*
\$300,000	\$100,000*

*Requires ownership of a Loss of Income plan which pays an additional \$10,000 before these amounts.

Coverage under this Benefit is for the Insured Applicant ONLY and contingent on an EDGE Loss of Income Plan also being in force on the date of the Accident.

If Injury requires medical treatment, within 3 years of the date of the Accident, the Company will pay for reasonable and customary expenses actually incurred for the following, provided such treatment is rendered within Canada:

- a) Hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge if recommended by a Physician subject to a maximum duration of 12 months, and \$10,000, per Accident;
- b) Expenses for the services of a licensed graduate nurse, when recommended by a Physician, subject to a maximum of \$15,000, per Accident;
- c) Charges of prescription drugs, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, subject to a dispensing maximum of a 30 day supply and \$10,000, per Accident;
- d) Transportation by a licensed ambulance service for hire to or from the nearest hospital which is equipped to provide the required treatment subject to a maximum of \$5,000, per Accident.
- e) Fees for the services of any of the following licensed practitioners, subject to a maximum reimbursement of \$30.00 per treatment and an overall maximum of \$5,000 per practitioner, per Accident; chiropractor, osteopath, chiropodist or podiatrist, speech therapist, licensed psychologist, physiotherapist, licensed masseur, on the recommendation of a Physician.
- f) Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of 1 x-ray per practitioner for each insured Applicant to a maximum of \$50.00 per Accident.

Accident Dental Reimbursement Benefit

If due to a force of blow external to the mouth results in an Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and treatment is require within 60 days, the Company will pay the treatment expenses actually incurred up to \$10,000.

Deductible Amount – the earlier of 365 days or maximum \$10,000.

Applicable to all benefits payable under the Accidental Medical Reimbursement Benefit/Accidental Dental Reimbursement Benefit per Insured Applicant per policy year, where there is duplication of covered expenses under Accident Medical Treatment Benefit of The EDGE Loss of Income Plan. All reimbursement of insured expenses commences following satisfaction of the deductible amount or benefit maximum period (365 days).

Waiver of Premium

If an Insured Applicant is:

- a) under age 65, is totally disabled while this policy is in force; and
- b) is insured with EDGE Disability Insurance; and
- c) has been approved for disability benefit payments

the Company will then waive the payment of each premium which falls due with respect to the Insured Applicant, Subject to all the terms and conditions of the policy, except with respect to non-payment of premium or the termination of the Master Policy.

Waiver of any premium as herein provided will continue with respect to the Insured Applicant until age 65. If the Insured Person ceases to be disabled and he/she returns to work and is a member of an eligible class, insurance with respect to the Insured Applicant may be continued upon resumption of premium payments by the Insured Applicant.

“Total Disability” as used herein shall mean disability resulting from Accident or sickness which:

1. prevents engagement in any business or occupation and performance in any work for compensation or profit; and
2. has existed continuously for a period of at least twelve (12) months or is in accordance with the waiver of premium requirements under the Insured Person’s EDGE Disability Insurance.

EXCLUSIONS

This policy does not cover loss caused by or resulting from any one or more of the following:

- A. Intentionally self-inflicted Injuries, suicide or any attempt thereof;
- B. For sickness or disease either as a cause or effect;
- C. Participating in the commission or attempted commission of a criminal of felonious act;
- D. Expenses incurred by an insured person who is not covered under any Federal or Provincial Hospital Plan;
- E. Injury or loss sustained while the Insured Person is under the influence of alcohol and operating any Vehicle while his or her blood alcohol is over eighty (80) milligrams in one hundred millilitres of blood;
- F. Experimental medical treatments;

- G. For the purchase, repair or replacement of eyeglasses or contact lenses or prescriptions thereof;
- H. Experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada of patent medicines;
- I. Injury or Loss sustained while the Insured Person is under the influence of a controlled substance as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of an in strict accordance with the instructions of a duly licensed Physician;
- J. Expenses covered under any governmental health insurance plan in the insured's province of residence;
- K. Declared or undeclared war or any act thereof;
- L. Accident occurring while the Insured Person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the Company pro-rata for any such period of full-time active duty);
- M. Such insurance includes such Injury while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any aircraft and exclude while flying in any aircraft owned or operated by the Policyholder.
- N. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

With respect to air travel, the insurance afforded shall apply to loss caused by or resulting from travel or flight in any aircraft, or any other device for aerial navigation, including boarding or alighting therefrom, except:

- a) *while being used for any test or experimental purpose; or*
- b) *while the Insured Person is operating, learning to operate or serving as a member of the crew thereof; or*
- c) *while being operated by or for or under the direction of any military authority, other than transport type aircraft operated by the Canadian Armed Forces Air Transport Command or the similar air transport service of any other country; or*
- d) *any such aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of such Policyholder, or by an Insured Person or any member of his/her household; or*
- e) *while being used for fire fighting, pipeline inspection, power line inspection, aerial photography or exploration.*

GENERAL PROVISIONS

Grace Period

A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period this policy shall continue in force, but the Insured shall be liable to the Company for the payment of the premium accruing for the period the policy continues in force.

Government Hospital Plans

No payment shall be made for services rendered by a hospital, except for reimbursement of charges which are in excess of benefits payable for hospital services under any

government laws of Canada or any Province.

Change in Premium

The Company reserves the right to change the premium from time to time. If the Company finds it necessary to change the premium, the Administrator will give at least 31 days prior written notice to the Insured Person at the most recent email or street address, as shown in the Administrator's records.

Termination of Coverage

An Insured Person's coverage under this Policy terminates on the earliest of the following dates:

1. the monthly premium due date next following the date the Administrator receives written notice from the Owner to terminate this Policy;
2. the date the Grace Period expires;
3. the date the company terminates this policy
4. the date of the Insured Person's 70th birthday

Currency

All monies payable under this contract shall be paid in Canadian dollars, unless otherwise stated.

Conformity with Provincial Statutes

Any provision of this policy or any condition of this policy which, on its effective date, is in conflict with the statutes of the province in which the policy is delivered is hereby amended to conform to the minimum requirements of such province.

Beneficiary Designation

Indemnity payable in the event of the loss of life of an Insured Applicant is payable as designated in writing by the Insured Applicant and on file with the Administrator unless there is no such designation, the indemnity is payable to the estate of the Insured Applicant. An electronic beneficiary designation is valid, and the enrolment application is part of this contract of insurance.

All other Benefits payable, which include those payable to an Insured Spouse or Insured Dependent Children will be paid to the Insured Applicant.

STATUTORY CONDITIONS

Applicable to All Benefits outlined in this policy booklet

It is a legal requirement that these conditions be reproduced in this Policy in the following form. In these statutory conditions loss means a benefit for which a claim is made under this Policy. All references to the "insurer" in these statutory conditions means the "Company".

The Contract The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by an officer of the insurer.

Copy of Application The insurer shall upon request furnish to the Insured Person or to a claimant under this contract a copy of the application.

Material Facts No statement made by the insured or a person insured at the time of application for the contract may be used in defense of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Termination of Insurance

1. The contract may be terminated
 - a. by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered, or
 - b. by the insured at any time on request.
2. If the contract is terminated by the insurer,
 - a. the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and
 - b. the refund must accompany the notice.
3. If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium calculated to the date of receipt of the notice according to the table in use by the insurer at the time of termination.
4. The 15-day period referred to in subparagraph (1)(a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

Notice and Proof of Claim

1. The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
 - a. give written notice of claim to the insurer:
 - i. by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the insurer in the province, or
 - ii. by delivery of the notice to an authorized agent of the insurer in the province, not later than 30 days after the date a claim arises under the contract on account of an Accident, sickness or disability,
 - b. within 90 days after the date a claim arises under the contract on account of an Accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of:
 - i. the happening of the Accident or the start of the sickness or disability,
 - ii. the loss caused by the Accident, sickness or disability,

- iii. the right of the claimant to receive payment,
 - iv. the claimant's age, and
 - v. if relevant, the beneficiary's age, and
 - c. if so required by insurer, furnish a satisfactory certificate as to the cause or nature of the Accident, sickness or disability for which claim is made under the contract and, in the case of sickness or disability, its duration.
- 2. Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
 - a. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the Accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
 - b. in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration

Insurer to Furnish Forms for Proof of Claim The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the Accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination As a condition precedent to recovery of insurance monies under the contract:

- 1. the claimant must give the insurer an opportunity to examine the person of the Insured Person when and as often as it reasonably requires while the claim hereunder is pending; and
- 2. in the case of death of the Insured Person, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Loss of Time Benefits Payable The initial benefits for loss of time shall be paid by the insurer within 30 days after receiving proof of claim. Payment shall be made thereafter in accordance with the terms of the contract but not less frequently than once in each succeeding 60 days while the insurer remains liable for the payments, providing the Insured Person when required to do so, furnishes proof of continuing Disability.

When Monies Payable Other Than for Loss of Time

All monies payable under this contract other than benefits for loss of time, shall be paid by the Company within 60 days after it has received proof of claim.

Grace Period

A Grace Period of 31 days will be granted for the payment of premiums accruing after the first premium, during which Grace Period the policy shall continue in force, but the Insured shall be liable to the Company for the payment of the premium accruing for the period the policy continues in force. No Grace Period will be granted when a written

notice of cancellation or termination has been received by us at our offices.

Not in Lieu Of

This policy is not in lieu of and does not affect any requirement for coverage by workers' compensation insurance, or similar coverage.

Gender

Any reference to the masculine gender in this policy will also include the feminine gender.

Conformity with Provincial Statutes

Any provision of this policy or any condition of this policy which is in conflict with the statutes of the province in which the policy is delivered is hereby amended to conform to the minimum requirements of such province.

Limitation of Actions

An action or proceeding against the Company for the recovery of a claim under this contract shall not be instituted after 1 year from the date on which the cause of action arose.

Contesting the Policy

In the absence of fraud, the validity of this policy will not be contested if it has been in force for two (2) years from its issue date and all premiums due in that time have been paid

Misrepresentation

If it is found that an Insured materially misrepresented his eligibility or medical status in order to obtain insurance under this policy, the Company has the right to void the application within the first two (2) years of the date of issue or within two (2) years of any change requested by the Insured.

A misrepresentation is a false statement on an insurance application as to a past or present fact which leads the Company to issue an insurance contract whereas the Company would not have issued the contract if the accurate facts were known.

Legal Actions

No action at law or in equity shall 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 requirements of this policy.

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 (Alberta, British Columbia, Manitoba), or other applicable provincial legislation.

CLAIMS

Payment of Claims

Benefits will be payable directly to the Insured Person. In the event the Insured Person dies prior to the benefit being paid, the payment will be made to the beneficiary on record.

If, at the death of the Insured Person, there is no surviving beneficiary, the benefit shall be payable in one sum to the Estate of the Insured Person.

Should a discrepancy occur, the benefit proceeds may be paid into court.

Beneficiary

An Insured has the right to name a beneficiary when he applies for insurance. All other indemnities of this policy will be payable to the Insured.

An Insured can change his beneficiary at any time, where permitted by law. The Company assumes no responsibility for the validity of such designation or change of beneficiary.

Currency

All monies payable under this contract shall be paid in lawful Canadian currency.

All Benefits outlined herein are underwritten and provided by Chubb Life Insurance Company of Canada.

ABOUT CHUBB LIFE INSURANCE COMPANY OF CANADA

This insurance coverage is underwritten by Chubb Life Insurance Company of Canada ("Chubb Life").

Chubb Life is part of the Chubb group of insurance companies, with operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

Chubb Limited, the parent company of Chubb Life, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

CHUBB

All terms of coverage are governed by the provisions of the master contracts issued to THE EDGE BENEFITS Inc.

SAMPLE

ABOUT THE EDGE BENEFITS INC.

Our mission is to safeguard the lifestyle of our customers ~ simply.

The Edge Benefits has been incorporated since 1985, and is a proud member of The Co-operators Group Limited.

Our simplified approach to offering complex living benefit solutions to the Canadian consumer has been revolutionary in the insurance industry. By working with leading Canadian insurers, we build best-in-class lifestyle protection products to meet the ever-growing needs and challenges faced by our customers.

We are a full service company. We issue all policies, collect premiums, and provide support when our customers need us most – in the event of a claim.

Claims Procedures

Before paying any benefits, claim forms must be completed and sent to the Insurer. Please call The EDGE Claims Customer Care 1-800-908-9917, Ext. 401; Direct – 1-877-902-EDGE (3343) or email claimscustomercafe@edgebenefits.com to obtain the appropriate forms and for details on claims procedures.

Quality Guarantee

You have thirty days to decide if the coverage meets your needs. If the coverage does not meet your needs, simply mark "Cancel" on your Schedule of Benefits and return it with the policy booklet to The Edge Benefits Inc. who will cancel your coverage from the effective date and refund any premium paid, provided no claims have been incurred during that period.

PRIVACY STATEMENT

How We Collect Your Information

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

How We Use Your Information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with others who work for The Edge Benefits, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business. If you have given us your social insurance

number, we will use it for taxation purposes and to help identify you with Citizenship and Immigration Canada, when necessary.

For further information on the privacy policies and procedures of any of the Insurers that partner with The Edge Benefits Inc or to access your information or to ask us to correct information, you can contact us at:

Tel: (800) 908-9917 or (905) 836-7133 Fax: (866) 273-5557

The Edge Benefits Inc.

1255 Nicholson Road, Newmarket ON, L3Y 9C3

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The EDGE Plans are developed and administered by The Edge Benefits Inc.

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