

the
EDGE™

Guaranteed Issue Life

SAMPLE

the
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POLICY BOOKLET

Simply Safeguarding Your Lifestyle™

GUARANTEED ISSUE LIFE

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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OCT23

Chubb Life Insurance Company of Canada (herein called “The Company”) having issued Master Policy No. GL10396002 to THE EDGE BENEFITS Inc. (herein called the “Administrator”) agrees to provide insurance coverage and pay benefits as described in this Policy to the extent herein provided and subject to all of the exclusions, limitations and provisions of this Policy for the Insured stated in the Schedule of Benefits from whom the appropriate premium has been received.

ELIGIBILITY

The Insured Person is eligible for coverage if they are:

- 18 years of age and older; and
- Under the age of 75; and
- A Canadian resident.

Maximum Issue Age

An Insured Person must be under the age of 70, in order to apply for Guaranteed Issue Life coverage.

DEFINITIONS

“Accidental Death” means death which

a) results from bodily injury sustained while this Policy is in force, caused by external, violent and purely accidental means and independent of all other causes;

b) occurs within 365 days of the bodily injury; and does not include death which is caused directly or indirectly by one or more of the following:

i) disease, sickness, illness or bodily or mental infirmity or disease of any kind;

or

ii) suicide or self-inflicted injury while sane or insane; or

iii) declared or undeclared war, or any act of war or riot or insurrection, or service in the armed forces; or

iv) any event directly or indirectly related to the ingestion of alcohol by the Insured Person where the concentration of alcohol in the Insured Person’s blood exceeds 80 milligrams of alcohol in 100 milliliters of blood; or

v) voluntary ingestion of poison, toxic substances or non-toxic substances or drugs, sedatives or narcotics, whether illicit or prescribed, in such quantity that they become toxic, or voluntary inhalation of a gas; or

vi) from or while committing or attempting to commit a criminal offence, or committing or provoking an assault; or

vii) medical or surgical treatment or complications arising therefrom, except when required as a direct result of an accidental bodily injury; or

viii) participating in a contest of speed, scuba diving, sky diving, parachuting, hang-gliding or bungee jumping or flight accident except when traveling as a passenger on a commercially licensed airline.

“Insured Person” means an Eligible Person who has been approved for Guaranteed Issue Life, as provided under this Policy.

“You” or “your” refers to the insured Person.

GUARANTEED LIFE INSURANCE BENEFIT

Death Benefit

The amount of the Death Benefit is as follows:

- a) **For death of an Insured Person occurring during the first 2 years of coverage:**
 - i) If the death of an Insured Person is an Accidental Death, the Death Benefit will be an amount equal to four (4) times the amount of Guaranteed Issue Life in force with respect to such Insured Person.
 - ii) If the death of an Insured Person is not an Accidental Death and is not due to suicide, the Death Benefit will be an amount of Guaranteed Issue Life equal to the premium paid since the commencement of coverage or latest Reinstatement Date.
 - iii) If the death of an Insured Person is due to suicide, all premiums paid since the commencement of coverage or latest Reinstatement Date will be refunded without interest.
- b) **For death of an Insured Person occurring after 2 years of coverage:**
 - i) If the death of an Insured Person is an Accidental Death, the Death Benefit will be an amount equal to 4 times the amount of Guaranteed Issue Life in force with respect to such Insured Person less any Living Benefit paid under this Policy.
 - ii) If the death of an Insured Person is not an Accidental Death or is due to suicide, the Death Benefit will be the amount of Guaranteed Issue Life in force less any Living Benefit paid under this Policy.

Beneficiary

An Insured Person may designate a beneficiary of their choice where no beneficiary is designated the Beneficiary will be the Estate. An electronic beneficiary designation is valid, and the enrolment application is part of this contract of insurance.

Living Benefit

In the event of a terminal illness, if an Insured Person, while insured, provides the Company with satisfactory written proof of an active and progressive illness for which there is no cure and the prognosis is fatal and anticipated to occur within twelve months of such proof being provided, the Company will advance 50% of the Insured Person's Life insurance to the Insured Person, provided such insurance has been in force for at least two years. The amount advanced will reduce the Insured Person's Life insurance payable to the beneficiary upon the Insured Person's death.

Limitations

If the Insured Person commits suicide, while sane or insane, within two (2) years from the effective date or latest Reinstatement Date of such person's insurance, the amount payable by the Company will be limited to the sum of the premium paid.

Commencement of Insurance

Guaranteed Issue Life takes effect on the date the application form is signed subject to receipt and acceptance by The Edge Benefits Inc. and payment of the first premium.

Changes in Insurance

An Insured Person must make written application to The Edge Benefits Inc. for any change in such person's Guaranteed Issue Life coverage. Application for increase in Guaranteed Issue Life coverage will not be accepted. Applications for a decrease in Guaranteed Issue Life coverage will be accepted as outlined below.

Any decrease in the amount of Guaranteed Issue Life coverage for an Insured Person will become effective on the Premium Due Date coincident with or next following the date The Edge Benefits Inc. receives written notice from the Insured Person. Premiums will be based on the reduced amount of insurance and the Insured Person's original Issue Age, subject to any subsequent Premium Rate changes as described in General Provisions – Premiums – Premium Rate Changes.

Termination of Insured Person Insurance

An Insured's coverage terminates automatically on the earliest of the following dates:

- a) the date of the Insured's death;
- b) the date the coverage or Policy terminates for any reason;
- c) the Premium Due Date coincident with or next following an Insured Person's 75th birthday;
- d) the Premium Due Date of any unpaid premium as described under Premiums and Premium Payments section;
- e) the Premium Due Date next following the date the Administrator receives written notice from the Insured Person requesting cancellation of all or part of the Guaranteed Issue Life coverage. If partial cancellation is requested, only a portion of such insurance coverage will be cancelled.

Reinstatement

(a) Within 60 days

An Insured Person whose insurance terminated due to non-payment of premium may request reinstatement of coverage within 60 days following the date of termination of insurance by submitting a written request to The Edge Benefits Inc. Reinstatement will take effect on the day following the latest termination date of Guaranteed Life Insurance (the "Reinstatement Date") provided payment of overdue premiums is made.

(b) Within 61 – 90 days

An Insured Person whose insurance terminated due to non-payment of premium may request reinstatement of coverage within 61 to 90 days following the date of termination of insurance by submitting a written application to The Edge Benefits Inc. Reinstatement will take effect on the premium due date coincident with or next following the date written application for Guaranteed Issue Life coverage is received and accepted by The Edge Benefits Inc. (the "Reinstatement Date").

The amount of Guaranteed Issue Life coverage reinstated will be that amount in effect immediately prior to the Insured Person's termination. Premiums will be based on the reinstated amount of Guaranteed Issue Life and the Insured Person's original issue age, subject to any subsequent Premium Rate changes.

If Guaranteed Issue Life coverage is reinstated then:

- a) For death of an Insured Person occurring during the first 2 years immediately following the latest Reinstatement Date, any benefit payable will be paid according to the Death Benefit provisions of the Group Policy for death occurring during the first 2 years of coverage.
- b) For death of an Insured Person occurring more than 2 years after the latest Reinstatement Date, any benefit payable will be paid according to the Death Benefit provisions of the Group Policy for death occurring after the first 2 years of coverage.

Renewal

The Company will continue coverage until the Insured's 75 birthday for Guaranteed Issue Life, as long as premiums are paid on time. The Company will not cancel the Policy of an individual, reduce the benefits or add any restrictive riders, however, The Company reserve the right to increase premiums for all members of an insured class.

Exclusion

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.

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 "insured" 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 by giving written notice of termination to the Company at its head office or authorized regional office. Notice must be received within 60 days prior to the date of cancellation.
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.

Right to 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 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.

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.

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 Person.

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. No such action shall be brought after the expiration of three (3) years (or the minimum time, if more than three (3) years, permitted by law in the province/territory where the Insured Person resides) after the time written proof of loss is required to be furnished.

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 of the Province or Territory in which you reside.

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.

SAMPLE

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.

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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.

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