

**Basic Accidental Death & Dismemberment Insurance Plan**  
**For: THINKIFIC LAB INC**  
**Policy No: BSC 9426604-025**

### Why You Need Accident Insurance

A serious accidental injury or death can have tremendous consequences. A serious injury may prevent you from meeting your financial obligations and your loss of life may leave your spouse with insufficient financial resources to fulfill their financial responsibilities.

Your Employer has provided you with Accident Insurance coverage underwritten by AIG Insurance Company of Canada. The policy provides a lump sum benefit to help ease the financial impact and assure your family's needs are met if you suffer loss of life as a result of an accident. Your accident coverage also provides you with 'living benefits' should an accident leave you paralyzed or should you lose through severance, or loss of use of a limb, sight, speech or hearing.

### How It Works

You are automatically covered for a Principal Sum amount of 1 times your annual earnings, to the next \$1000, to a maximum benefit amount of \$500,000. The Principal Sum payable under this Policy will reduce by 50% at age 65 and will terminate at retirement.

### Here's What You Get

**Broad Accident Insurance Coverage** - Your plan provides generous Accidental Death & Dismemberment benefits for injuries as a result of covered accidents.

**Guaranteed Acceptance** - Coverage is provided regardless of your health history.

**24/7 Worldwide Coverage** - Your coverage is in force around-the-clock—at work, at home or at play, anywhere in the world.

### Definitions

**"Insured Employee"** means you, if you are an active employee of the Policyholder.

### Eligible Dependents:

**"Spouse"** means a person who is under the age of 70 and who is either legally married to you, or if there is no such person, is a person who, although not legally married to you, is cohabitating with you for a period of at least one year and is publicly represented as your domestic partner in the community in which you reside.

**"Dependent Child"** means a person who is either your natural child, adopted child or step-child or a child to whom you are *in loco parentis* and who is (i) under 23 years of age, unmarried and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (ii) under 26 years of age, unmarried and enrolled in post-secondary education and dependent upon you for maintenance and support and not employed for more than 25 hours per week; or (iii) by reason of mental or physical infirmity is incapable of self-sustaining employment and who is considered your Dependent Child within the terms of the Income Tax Act (Canada).

### Beneficiary Designation

You have the option to designate a beneficiary, should you choose not to, in the event of accidental loss of life, the benefit will be paid your estate.

All other benefits will be payable to you.

### Benefits and Coverages

#### Accidental Death, Dismemberment, Paralysis and Loss of Use

If a covered loss occurs within 365 days after the date of the covered accident causing the loss, the Company will pay in one installment the indicated percentage of the Principal Sum as set out in the following Table of Losses. If more than one loss is sustained, only one benefit shall be payable, the largest.

### Table of Losses

Loss of life .....	The Principal Sum
Loss 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 one hand and the entire sight of one eye .....	The Principal Sum

Loss of one foot and the entire sight of one eye .....	The Principal Sum
Loss of one arm or one leg .....	Four-fifths of the Principal Sum
Loss of one hand or one foot .....	Three-quarters of the Principal Sum
Loss of the entire sight of one eye .....	Three-quarters of the Principal Sum
Loss of thumb and index finger of the same hand .....	One-third of the Principal Sum
Loss of speech and hearing .....	The Principal Sum
Loss of speech or hearing .....	Three-quarters of the Principal Sum
Loss of hearing in one ear .....	Two-thirds of the Principal Sum
Loss of four fingers of one hand .....	One-third of the Principal Sum
Loss of all toes of one foot .....	One-quarter of the Principal Sum

### **Loss of Use**

Loss of use of both arms or both hands .....	The Principal Sum
Loss of use of one hand or one foot .....	Three-quarters of the Principal Sum
Loss of use of one arm or one leg .....	Four-fifths of the Principal Sum

### **Paralysis**

Quadriplegia (total paralysis of both upper and lower limbs) .....	Two times The Principal Sum
Paraplegia (total paralysis of both lower limbs) .....	Two times The Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body) .....	Two times The Principal Sum

If you sustain more than one loss as a result of the same accident, only one amount, the largest, will be paid.

"Loss" when used with reference to "Quadriplegia", "Paraplegia", and "Hemiplegia" means the complete and irreversible paralysis of such limbs; "Hand" or "Foot" means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; "Arm" or "Leg" means the complete severance through or above the elbow or knee joint; "Thumb and Index Finger" means the complete severance through or above the first phalange; "Fingers" means the complete severance through or above the first phalange of all Four Fingers of One Hand; "Toes" means the complete severance of both phalanges of all the Toes of One Foot; "The Entire Sight of One Eye" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye; "The Entire Sight of Both Eyes" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than 20 degrees in both eyes. A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing; "Hearing in One Ear" means the diagnosis of permanent Loss of Hearing in One Ear, with an auditory threshold of more than 90 decibels. A Physician certified in Otolaryngology must confirm the diagnosis in writing; "Hearing" means the diagnosis of permanent Loss of Hearing in Both Ears, with an auditory threshold of more than 90 decibels in each ear. A Physician certified in Otolaryngology must confirm the diagnosis in writing; "Speech" means complete and irrecoverable Loss of the ability to utter intelligible sounds; and "Loss of Use" means the total and irrecoverable Loss of Use provided the Loss is continuous for 12 consecutive months and such Loss of Use is determined to be permanent. "Loss" when used herein may also include "Loss of Life".

### **Rehabilitation Benefit**

Pays the expenses incurred for occupational training to a maximum of \$15,000 if such expenses are incurred within 2 years of and as a result of an injury for which you receive a benefit under the Plan.

### **Home Alteration and Vehicle Modification Benefit**

Pays a one-time benefit of up to \$15,000 for modification to your home or vehicle if you suffer an injury for which you receive a benefit under the Plan and require a wheelchair to be ambulatory.

### **Workplace Modification and Accommodation Benefit**

Pays a benefit of up to \$5,000 to your Employer if you suffer an injury for which you receive a benefit under the Plan and require special adaptive equipment or workplace modification in order for you to return to work full-time.

### **Psychological Therapy**

Pays a benefit of up to \$5,000 if you suffer an injury for which you receive a benefit under the Plan and require psychological therapy within 2 years of the injury.

### **In-Hospital Benefit**

Pays a benefit of (i) 1% of the Principal Sum to a maximum of \$2,500 per month for hospital confinements of more than 30 nights, or (ii) 1/30<sup>th</sup> of the amount determined under (i) for hospital confinements of more than 5 but less than 30 nights, if

you suffer an injury for which you receive a benefit under the Plan and are confined to hospital as a result of such injury, for a maximum of twelve months.

### **Family Transportation**

Pays a benefit of up to \$15,000 for the expenses incurred for the transportation of an immediate family member to your hospital if you suffer an injury for which you receive a benefit under the Plan and as a result are confined to a hospital more than 100 kilometres from home.

### **Repatriation Benefit**

Pays a benefit of up to \$15,000 to cover the expenses to return your body to your city of residence if you suffer a covered accidental death while at least 50 kilometres from home.

### **Identification Benefit**

Pays a benefit of up to \$5,000 for the transportation and commercial lodging of an immediate family member to identify your body if you suffer a covered accidental death at least 150 kilometres from home and a law enforcement agency requests such identification.

### **Seat Belt Benefit**

Pays an additional benefit of 10% of the Principal Sum to a maximum of \$50,000 if you suffer a covered accidental death while operating or riding as a passenger in a private passenger automobile in which your seat belt was properly fastened.

### **Day Care Benefit**

Pays an annual benefit of up to 5% of the Principal Sum to a maximum of \$5,000 per year for the day care costs of each Dependent Child under age 13 who is enrolled, or who enrolls within 90 days, in a day care facility if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.

### **Dependent Child Educational Benefit**

Pays an annual benefit of up to 5% of the Principal Sum to a maximum of \$5,000 per school year for the tuition costs of each Dependent Child who is enrolled in post-secondary education if you suffer a covered accidental death. The benefit is payable for up to four consecutive years.

### **Spousal Educational Benefit**

Pays a benefit of up to \$15,000 for your Spouse's expenses in enrolling in a professional or trades training program for the purpose of obtaining an independent source of income, if you suffer a covered accidental death and such expenses are incurred within 30 months of your death.

### **Funeral Expense**

Pays a benefit of up to \$5,000 to reimburse funeral expenses if you suffer a covered accidental death.

### **Bereavement Benefit**

Pays a benefit of up to \$1,000 if you suffer loss of life in a covered accident and your eligible dependents require counselling within one year of the accident.

### **Serious Illness Benefit (Non-Cancer)**

Pays an additional benefit of 10% of the Principal Sum to a maximum of \$5,000 if you are diagnosed with the following covered serious illness:

- ✓ Major Burns (3<sup>rd</sup> degree)
- ✓ Multiple Sclerosis
- ✓ Necrotizing Fasciitis
- ✓ Parkinson's Disease
- ✓ Major Organ Failure Requiring Transplant
- ✓ Motor Neuron Disease
- ✓ Major Organ Transplant

Please see the Policy for specific diagnosis requirements. You must be confined to a hospital for at least 48 hours as a result of the serious illness, survive at least 30 days after the diagnosis and be under the age of 65 at the time of the diagnosis. This is a one-time benefit even if you are diagnosed with more than one covered serious illness.

### Coma Benefit

Pays a monthly benefit of 1% of your Principal Sum for a maximum of 100 months after 6 months in a continuous coma caused by an accident. Please see the Policy for details.

### Eyeglass and Contact Lens Benefit

This benefit pays an amount up to a maximum of \$1,000.00, if as a result of an injury covered under this policy, you receive treatment by a physician, leading to the purchases of eyeglasses, contact lenses or hearing aids within 12 months of the accident, when none were previously required or worn.

### Burn Benefit

Pays a percentage of the Principal Sum up to a maximum of \$25,000 if you suffer a 3<sup>rd</sup> degree burn by means of exposure to fire, heat, caustics, electricity or radiation. Please see the Policy for details.

### Waiver of Premium

Waives premium payments under the Plan if you are receiving disability benefits under the group life insurance policy provided by the Policyholder.

### Continuance of Coverage

Your coverage will continue for up to 12 months during a temporary lay-off, short-term disability leave, approved leave of absence or maternity leave provided premiums are paid.

### Conversion Privilege Benefit

If you leave your job for any reason, you have 90 days to convert your coverage under the Plan to an individual insurance policy providing comparable coverage and with a coverage amount not greater than the Principal Sum at individual rates in force at that time.

### Policy Exclusions

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) suicide or any attempt thereof by you while sane;
- (b) self inflicted injury or any attempt thereof by you while sane or insane;
- (c) declared or undeclared war or any act thereof;
- (d) sickness, disease, or bodily infirmity whether the Loss or claim results directly or indirectly from any of these;
- (e) mental incapacity whether the Loss or claim results directly or indirectly from any mental incapacity;
- (f) injury sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- (g) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- (h) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are:
  - (i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - (ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - (iii) riding as a passenger in an aircraft owned or leased by the Policyholder;
- (i) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- (j) injury or Loss sustained if you are on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which you are on full-time active duty shall, upon application to the Company by the Policyholder, be refunded);
- (k) injury or Loss sustained while you are under the influence of alcohol and operating any vehicle or means of transportation or conveyance while your blood alcohol is over 80 milligrams in 100 millilitres of blood;
- (l) injury or Loss sustained while you are under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed physician;
- (m) the commission or attempted commission by you or injury incurred while you are in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed; and
- (n) an act, attempted act or omission taken or made by you, or an act, attempted act or omission taken or made with your consent, for the purposes of interrupting the blood flow to your brain or to cause asphyxiation to you whether with intent to cause harm or not; and

- (o) natural causes.

### **Aggregate Limit Per Accident**

The maximum amount the Company will pay for two or more Insured Employees injured in one accident is the amount of the Aggregate Limit Per Accident set out in the policy, if any. If the total of the benefits which would be paid by the Company would exceed the Aggregate Limit Per Accident, each Insured Employee shall receive their proportionate share of the amount of the Aggregate Limit Per Accident paid by the Company.

### **Effective Date**

Your coverage begins on the date you satisfy the definition of "Insured Employee".

### **Termination Date**

Coverage ends on the earliest of:

1. the date the policy is terminated;
2. the premium due date if premiums are not paid when due;
3. the date you no longer satisfy the definition of an Insured Employee; or
4. the first day of the month following the date you no longer belong to an Eligible Class of Employees as set out in the Policy.

This brochure provides only brief descriptions of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by AIG Insurance Company of Canada.