

The Edmonton Pipe Industry Health & Welfare Trust Fund

Policy No. 100000570

issued by  
Industrial-Alliance Pacific Life Insurance Company  
(The Company)

**The Program**

A specialized program of accident insurance is available to protect you and your family. Round-the-clock coverage is provided at very attractive group rates.

All eligible Members may take advantage of this plan.

**What Does It Cover?**

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

**Who Is Eligible?**

All regular Members under age 70, their Spouse and unmarried Dependent Children. Unmarried children are those over 14 days and under age 21 or to age 25 if attending college or other school on a full-time basis and dependent on you for support.

**What Amounts Are Available?**

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

**A. Employee Only Plan:**

You may select either \$50,000.00 or \$100,000.00.

**B. Family Plan:**

You may select either \$50,000.00 or \$100,000.00 AND your family will automatically be insured for the following:

SPOUSE - Your Spouse will be insured for 100% of the benefit you elect for yourself if there are no Dependent Children, or 90% if there are Dependent Children.

CHILDREN - Each Dependent Child will be insured for 5% of your benefit if you have a Spouse, or 15% if you do not.

**What Benefits Are Provided?**

**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:

**ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY (Continued...)**

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 ..... Three-Quarters of the Principal Sum  
One Leg ..... Three-Quarters of the Principal Sum  
One Hand ..... Two-Thirds of the Principal Sum  
One Foot.....Two-Thirds of the Principal Sum  
Entire Sight of One Eye.....Two-Thirds of the Principal Sum  
Speech or Hearing in Both Ears ...One-Half of the Principal Sum  
Thumb & Index Finger  
of Either Hand.....One-Third of the Principal Sum  
Hearing in One Ear.....One-Sixth of the Principal Sum

**PARALYSIS BENEFITS**

Quadriplegia (complete paralysis of both upper and lower limbs).....The Principal Sum  
Paraplegia (complete paralysis of both lower limbs).....The Principal Sum  
Hemiplegia (complete paralysis of upper and lower limbs of one side of body) .....The Principal Sum

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

“Loss” as used above 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 index finger means complete severance at or above the metacarpophalangeal 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.

Any indemnity payable for loss of use shall be paid only if such loss is permanent, total and irrecoverable and shall have been continuous for a period of 12 months from the date of the accident.

Indemnity provided under this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

**EDUCATION BENEFIT**

If Injury results in your loss of life, the Company will pay, in addition to all other benefits, two percent of your Principal Sum to any Dependent Child, who on the date of the accident was enrolled as a full-time student in any institution of higher learning beyond the secondary school level but not to exceed four consecutive annual payments.

**REHABILITATION BENEFIT**

If Injury caused by an accident requires that you undergo special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense incurred for such training to a maximum of \$2,500.00 as the result of any one accident.

**SPOUSAL RETRAINING BENEFIT**

If Injury results in your loss of life, the Company will reimburse your Spouse for the actual educational expense incurred for retraining to allow such Spouse to pursue a gainful occupation to a maximum of \$2,500.00.

**What Does Insurance Cost?**

The premium for the coverage you select is payable by forwarding 12 post-dated cheques or one annual cheque payable to The Edmonton Pipe Industry Trust Fund. The monthly premium for the plan you select is as follows:

**Available Principal Sums And Premium Per Month**

Principal Sum <u>Selected for Yourself</u>	Member <u>Only Plan</u>	Member and <u>Family Plan</u>
\$100,000.00	\$8.10	\$14.85
\$ 50,000.00	\$4.05	\$ 7.42

**Example:**

If you select \$100,000.00 of coverage, the amount insured will be:

	Member <u>Only Plan</u>	Member and <u>Family Plan</u>
Member	\$100,000.00	\$100,000.00
Spouse (90%)	N/A	\$ 90,000.00
Each Child ( 5%)	N/A	\$ 5,000.00

Each post-dated cheque made payable to The Edmonton Pipe Industry Trust Fund would be:

Member Only	\$ 8.10 monthly
Member/Family Plan	\$14.85 monthly

(Post-dated cheques to start with the first of the month following the date of your Application).

INDUSTRIAL-ALLIANCE PACIFIC LIFE INSURANCE COMPANY

VOLUNTARY ACCIDENT INSURANCE APPLICATION CARD

Group Policyholder: The Edmonton Pipe Industry Health & Welfare Trust Fund

Policy Number: 100000570

I hereby apply for group accident insurance under the terms of Group Policy No. 100000570 issued by Industrial-Alliance Pacific Life Insurance Company to The Edmonton Pipe Industry Trust Fund and certify that I am an eligible Member.

**Please Complete:**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_ dd \_\_\_\_ mm \_\_\_\_ yyyy

Amount of Insurance: \$ \_\_\_\_\_ (either \$50,000.00 or \$100,000.00)

**Check one if New Insurance:**

- Member Only Plan
- Family Plan

**Check Appropriate Boxes for Changes to Existing Insurance:**

- Change in Amount
- Change to Beneficiary
- Change to Family Plan
- Change to Member Only
- Change of Name

OVER→

**Please complete the following section:**

**If Family Plan chosen, what is Spouse's name and date of birth?**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ dd \_\_\_\_\_ mm \_\_\_\_\_ yyyy

**Beneficiary (The Beneficiary Designation is Revocable unless otherwise specified)**

Your Beneficiary's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Return this Application with 12 post-dated cheques or one annual cheque made payable to:**

The Edmonton Pipe Industry Trust Fund, 16214 - 118 Avenue, Edmonton, Alberta T5V 1M6

I understand that the personal information provided regarding my insurance coverage may be collected and used by or disclosed to Industrial-Alliance Pacific Life Insurance Company ("IAP"), its reinsurers, agents or third party administrators for the purpose of administration, marketing or products and services, and investigation of claims.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_ dd \_\_\_\_\_ mm \_\_\_\_\_ yyyy

*The terms and conditions governing the insurance are set out in the Group Policy which is on file with The Edmonton Pipe Industry Trust Fund.*

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**When Is Coverage Effective?**

If you choose to enroll in the program, your coverage will start on the first day of the month following the date your completed Application card is received by The Edmonton Pipe Industry Trust Fund.

**To Whom Are Benefits Paid?**

Your Accidental Death benefit will be paid to the beneficiary designated on your Application card. Any other benefits payable, which include those payable for Dependents, will be paid to you, with the exception of indemnities payable under the Education Benefit and the Spousal Retraining Benefit.

**Who To Contact In The Event Of A Claim?**

You or your beneficiary should promptly advise The Edmonton Pipe Industry Trust Fund of an Injury which results in a claim under the plan. Written notice of accidental death, dismemberment, loss of sight, hearing, paralysis, or loss of use of limbs is to be given to the Insurance Company within a period of 30 days from the date of loss.

**How Do I Apply?**

You may enroll in the plan by completing the Application card which forms part of this brochure and forwarding it with the post-dated cheques or one annual cheque made payable to The Edmonton Pipe Industry Trust Fund.

**When Does This Insurance Not Apply?**

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

Underwritten By:

**Industrial-Alliance Pacific Life Insurance Company**



**INDUSTRIAL ALLIANCE PACIFIC**  
INSURANCE AND FINANCIAL SERVICES™

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

FORM C1071 (JUL/2006)

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**Voluntary Accident Insurance Plan**



**Edmonton Pipe Industry Health, Welfare & Pension Trust Funds**

Executive Administrator  
Rick McAteer

16214-118 Avenue  
Edmonton, Alberta T5V 1M6

Telephone:  
(780) 452-1331

**TO ALL MEMBERS:**

We are pleased to provide you with an application for a Voluntary Accident Insurance Plan, to cover you and your family. These benefits provide worldwide coverage, 24 hours a day, at rates significantly lower than those available in the individual marketplace.

We are happy to briefly highlight the benefits available:

1. The benefits provided are generous and include "Loss of Use" to the entire Dismemberment Schedule;
2. Premium rates are reduced to approximately 50% of what you would pay in the individual marketplace;
3. An Education Benefit for children is included under the Family Plan;
4. Paralysis Benefits are in effect for Quadriplegia, Paraplegia and Hemiplegia;
5. A Retraining Benefit is available for your spouse;
6. Rehabilitation coverage is applicable to the Member.

ALL Members may take advantage of the Plan. Complete this application and forward with your payment(s) today. This coverage is too important and valuable to be put aside.

It is hoped that the protection under the Plan will add to the financial security of you and your family.

Yours truly,

Rick McAteer  
Executive Administrator

P.S. The Family Plan is of great value and you should take advantage of this enrollment opportunity. \$50,000.00 of "Family Plan" protection costs only \$7.42 per month.

