

# Accident Disability Insurance Plan Details

**NO MEDICAL EVIDENCE IS REQUIRED FOR ALL SMARTCHOICE BENEFITS**

The following benefits will be paid for any accident involving the covered plan member (please consult booklet for full details and conditions of coverage):

SCHEDULE OF BENEFITS *		
AD& D	Principal Sum:	\$100,000
Continuous Total Disability	Maximum Amount:	\$333,000
Total Disability – Weekly Indemnity	Benefit:	70% of Earnings, Max. \$465/wk
	Max. no. of weeks:	260 (lump sum payable at 5 yrs.)
Accidental Medical Reimbursement	Maximum Amount:	\$10,000
Accidental Dental	Maximum Amount:	\$1,000
Rehabilitation Benefit:	Maximum Amount:	\$15,000
Repatriation Benefit:	Maximum Amount:	\$15,000
Burial Benefit:	Maximum Amount:	\$3,000
Waiver of Premium	Continuous disability requirement:	6 mos.
Home Alteration & Vehicle Modification	Maximum Amount:	\$15,000
Spousal Occupational Training:	Maximum Amount:	\$15,000
Day Care Benefit:	Maximum Amount:	\$5,000 per dependent child
Permanent Total Disability	Maximum Amount:	\$100,000

\*The amount specified applies to each insured person per accident

## Accidental Death & Dismemberment (AD&D) Coverage

✓ **Principal Sum: \$100,000**

✓ **Benefit Amount:** The 'Principal Sum' is used as the basis for determining the benefit amount to be paid upon accidental death or dismemberment.

For example, 100% of the Principal Sum is payable upon accidental death, as well as for certain dismemberments such as the loss of both feet or both hands; 200% of the Principal Sum is payable for paraplegia; and 2/3 of the Principal Sum is payable for the loss of an eye. (Please **contact SmartChoice Benefits** if you would like to see the complete Loss Schedule).

✓ **Termination Age:** 70

## Continuous Disability (Lump Sum) Benefit

✓ **Payable:** After 60 months of continuous total disability during which weekly benefits were paid under the Total Disability-Weekly Indemnity benefit.

✓ **Maximum Amount:** \$333,000

✓ **Benefit Amount:** Weekly Accident Disability benefit amount X No. of Months to Age 65 X Lump Sum Factor

**Weekly Accident Disability benefit amount** is the weekly benefit paid under the Total Disability-Weekly Indemnity benefit

**No. of Months to Age 65** is for the period to Age 65 after 60 months of continuous total disability for which the Total Disability-Weekly Indemnity benefit was paid

**Lump Sum Factor** is the present value adjustment factor in force at the time of the lump sum payment

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✓ **Definition of Total Disability:** unable to perform the substantial and material duties of **regular occupation** during the **first 36 months of disability**, and, after the first 36 months of disability, unable to engage in any occupation or employment for which fitted or may become fitted by reason of education, training or experience.

### Total Disability – Weekly Indemnity Benefit

✓ **Payable:** for injury from an accident that causes total disability within 30 days of that accident

✓ **Weekly Benefit:** 70% of earnings to a maximum of \$465 per week

✓ **Maximum Period:** 260 weeks (lump sum payable after 5 years - see Continuous Disability Lump Sum Benefit)

✓ **Waiting Period:** nil days

✓ **Recurrent Disability Benefit:** payable if disabled again by the same injury within 60 days of return to full-time active service

✓ **Tax Status:** non-taxable

### Accidental Medical Reimbursement Expense Benefit

✓ **Payable:** for treatment, supplies and services costs incurred within 52 weeks of a covered accident to address injury from that accident.

✓ **Maximum Amount:** \$10,000

✓ **Covered Expenses:** prescription drugs, ambulance, durable medical equipment rental, hearing aids, chiropractor, physiotherapist, registered nurse, etc. (Please **contact SmartChoice Benefits** if you would like to see the complete list of covered expenses and any limitations or exclusions).

### Accident Dental Expense Benefit

✓ **Payable:** within 30 days from the date of accident for treatment required due to that accident

✓ **Maximum Amount:** \$1,000

### Rehabilitation Benefit

✓ **Payable:** for special training expenses incurred as a result of a covered condition under the AD&D benefit

✓ **Maximum Amount:** \$15,000

### Repatriation Benefit

✓ **Payable:** when injuries result in loss of life outside 50 km. from city of permanent residence or outside Canada, and within 365 days from the date of the accident.

✓ **Maximum Amount:** \$15,000

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## **Burial Benefit**

✓ **Payable:** when injuries result in loss of life within 365 days from the date of the accident

✓ **Maximum Amount:** \$3,000

## **Waiver of Premium Benefit**

✓ If totally disabled for at least six months due to an accident, premiums will be waived and the Accident Disability Insurance coverage will be kept in force while total disability continues, up to Age 70.

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

✓ **Payable:** when the use of a wheelchair to be ambulatory is required as a result of a covered condition under the AD&D benefit

✓ **Maximum Amount:** **\$15,000**

✓ **Covered Expenses:** reasonable and necessary expenses incurred within 365 days of the accident for alterations to principal residence to make it wheelchair accessible and to a motor vehicle to make it accessible or operable for the insured person

## **Spousal Occupational Training**

✓ **Payable:** for spousal occupational training expenses which are incurred within 365 days after the loss of the insured member's life from injuries due to a covered accident

✓ **Maximum Amount:** \$15,000

## **Day Care Benefit**

✓ **Payable:** if injuries from a covered accident have resulted in the loss of the insured member's life, the plan covers legally licensed day care costs **for up to 4 years for any dependent child 12 years of age or under**, if enrolled in day care on the date of the accident or within 365 days after the date of the accident

✓ **Maximum Amount:** **\$5,000 per year** for any dependent child 12 years of age or under

## **Permanent Total Disability Benefit**

✓ **Payable:** if permanently and totally disabled after one year of total disability due to injuries from a covered accident

✓ **Maximum Amount:** **\$100,000**

✓ **Benefit Amount:** \$100,000 minus any AD&D benefit paid for the same injury