

Your personal information

DFS has established a confidential, group insurance file which contains personal information on your plan membership and claims. Only DFS employees who are responsible for underwriting, administration and investigations, or any other person whom you have authorized, will have access to your file. All files are kept in DFS's offices.

Definitions

Actively at Work and Active Work

At work and able to perform all the regular duties of your occupation for one full working day or shift.

Continuous Service

A period of unbroken employment with your employer, plus any additional eligible service as a result of a transfer from another Participating Employer, including:

- vacation days and holidays granted;
- approved leaves of absence;
- temporary layoffs; and
- interruptions of service approved by DFS.

Date of Disability

The first day of regularly scheduled employment for which you cannot report due to injury or illness.

Participating Employer

An employer who is a member of the Ontario Hospital Association and participates in this OHA-sponsored Plan insured by DFS.

Participating Group

A group of employees that participates in this OHA-sponsored Plan insured by DFS.

Total Disability and Totally Disabled

Unable, due to injury or illness, to perform the regular duties pertaining to the occupation in which you participated immediately before becoming disabled, for the first two years you are absent from work and not engaged in any gainful occupation. Unable, after two years, due to injury or illness, to participate in any gainful occupation for which you are, or may become, fitted through training, education or experience.

OHA Benefit Plans

Group Life Insurance Plan Standard Plan (also known as HOOGLIP)

Information for Full-Time Employees

Introduction

The Ontario Hospital Association (OHA) established the Group Life Insurance Plan in 1962 to provide uniform group life insurance benefits for employees of Participating Employers. The Plan is insured by Desjardins Financial Security Life Assurance Company (DFS).

The information in this brochure is only a summary of some of the provisions of the master insurance policy. If you need more information about your coverage, contact your Human Resources Department or call DFS at 1-800-263-1810.

Plan highlights

- You choose your basic life insurance coverage amount – either \$5,000 or twice your annual rate of earnings. This amount will be paid to your beneficiary in the event of your death.
- There is no ceiling on the coverage amount when you choose twice your annual rate of earnings.
- If you die while covered, your beneficiary may receive an immediate partial payment of up to \$10,000 by contacting your Human Resources Department. DFS will issue the partial payment within 48 hours of receiving the request.
- If you become terminally ill, you may be eligible to receive up to 90% of your coverage amount.
- If, within six months of leaving one Participating Employer you are re-employed with another Participating Employer, you may resume your coverage immediately, subject to the terms and conditions of the master policy.
- After you retire or reach age 65, your regular basic life insurance coverage will end but you will receive retirement coverage at no additional cost.

Joining the plan

All new employees must join the Plan after completing the waiting period. The waiting period is the period of time from your first day of Active Work until the day you complete three months of service. When you enrol, you will be asked to choose coverage of either \$5,000 or twice your annual rate of earnings rounded to the nearest \$500.

The effective date of your coverage will be the latest of:

- the day after you complete your waiting period, if you are Actively at Work on that day;
- if, due to injury or illness, you are not Actively at Work on that day, the day you have completed seven consecutively scheduled days of Active Work following your return to work; or
- the day that DFS specifies as your effective date following approval of evidence of your insurability, if required.

Appointing a beneficiary

When you enrol, you should name a beneficiary. If your beneficiary is a minor, you must also complete a special form to appoint a trustee. You may change your beneficiary at any time (subject to legal provisions) by completing the appropriate form(s). All forms are available from your Human Resources Department. If you do not appoint a beneficiary, or if your beneficiary predeceases you, payment will be made to your estate.

If you want to change your coverage amount

If you choose coverage of \$5,000 and later acquire a spouse or a child, you may apply for the higher level of coverage without submitting medical evidence of insurability, provided you do so within 60 days of acquiring the spouse or child. The higher level of coverage will begin on the first of the month following receipt of your application.

To apply for the higher level of coverage at any other time, you must submit medical evidence of insurability. The higher level of coverage will begin on the first of the month following approval of your medical evidence of insurability. You are responsible for costs to obtain medical information.

Any change in the amount of insurance due to a change in your earnings will be effective on the first of the month following the change in earnings. If, due to injury or illness, you are not Actively at Work on the date a change in coverage would otherwise become effective, the change becomes effective on the date that you return to Active Work.

If you die

If you die while insured under this Plan, the benefit will be paid to your beneficiary. The death benefit can be:

- paid in cash;
- used to provide an income in the form of an annuity; or
- left on deposit with interest.

The choice of settlement may be made by you or, if you do not make a choice, by your beneficiary. Your organization's Human Resources Department can provide the forms needed to make a claim.

If you become terminally ill

If it is medically proven that you are competent and certain to die within 12 months, you will be eligible to receive a cash payment of 90% of the sum for which you are insured, in lieu of all other benefits under the Group Life Insurance Plan. Your Human Resources Department can help you apply for early payment.

If you take a leave of absence

If you take an approved leave of absence, your Participating Employer may continue your benefits for a period of up to 12 months. Premiums are required for the Group Life Insurance Plan during such a leave. If you are unable to return to work due to Total Disability, you will be considered disabled as of your scheduled return date.

If you become disabled

If you become disabled before age 65, your coverage under the Group Life Insurance Plan may be continued. You will not be required to pay premiums after you have been Totally Disabled from the same or related causes for six continuous months. Contact your Human Resources Department within 12 months of your Date of Disability to submit a disability claim to DFS.

If you remain disabled until age 65, retirement coverage will apply (*see "If you retire or reach age 65"*). The period of time during which you are Totally Disabled counts as service toward retirement coverage.

If you retire or reach age 65

On your 65th birthday or when you retire, whichever is earlier, your regular coverage will end and retirement coverage will begin for life, at no further cost.

Retirement coverage is \$300 for each completed year of service as a full-time employee, to a maximum of \$4,500. Completed years of service include Continuous Service, any qualifying period and any period during which premiums are waived due to disability.

When your coverage ends

Your membership in this Plan ends on the earliest of the date:

- you are not eligible;
- you are not employed by the Participating Employer;
- you do not belong to a Participating Group;
- you do not live in Canada;
- your disability benefit terminates and you do not return to work; or
- the group benefit plan terminates.

If you are Totally Disabled on the date your membership ends, you will remain entitled to a benefit, subject to the terms and conditions of the Plan.

Coverage portability

If you terminate employment and go to work for another Participating Employer within six months, you will be immediately eligible for coverage under your new employer's Plan, providing you are Actively at Work on your first day of work (subject to the terms and conditions of the master policy). If, due to injury or illness, you are not Actively at Work on that day, then coverage will be effective after seven days as described under "Joining the plan". Your level of coverage will be what is offered under your new employer's Plan, and may differ from your previous coverage.

You must ask your new employer to arrange this transfer of coverage within one month of your first day of employment and inform your new employer of all prior service to be counted toward coverage. If you fail to do so, you will have to provide medical evidence of your insurability, at your own expense, to complete the transfer of coverage.

Converting your coverage

When you stop working for a Participating Employer, retire, or reach age 65 (whichever occurs first), you may convert the amount of coverage lost under the Group Life Insurance Plan to an individual life insurance policy offered by DFS without evidence of insurability. This policy will not include a Total Disability benefit. You must pay the premium for this individual plan.

If you are age 65 or over, the individual policy will be a permanent insurance policy under a regular plan being issued by DFS. If you are under age 65, you may also choose from the additional options of:

- a term insurance policy for a period of one year; or
- a term insurance policy to age 65.

In either case, the amount of coverage you convert cannot be more than:

- the amount of coverage lost;
- \$200,000; or
- the maximum amount of coverage for which you have been insured under the Group Life Insurance Plan, less the total amount of any individual insurance you previously obtained using the conversion benefit.

You must apply for the policy and pay the first premium within 31 days of terminating your coverage under the Group Life Insurance Plan. During this 31-day conversion period, the amount of coverage lost will be maintained at no cost to you. If you should die during this 31-day period, your beneficiary will receive the amount of insurance for which you were covered under the Group Life Insurance Plan.