

2008



NLTA
Group
Insurance
Program

2008

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INTRODUCTION

The Newfoundland and Labrador Teachers' Association (NLTA) Group Insurance Trustees have responsibility for, and reserve the right to change, alter, or delete benefits and set premiums for all insured members covered by the NLTA Group Insurance Plan, including retirees.

This booklet contains important information concerning Group Insurance coverage and, therefore, should be kept in a safe place. It supersedes and replaces all previous communication material.

The purpose of this booklet is to outline the benefits for which you are eligible as a member/employee of the NLTA. The information in this booklet is a summary of the provisions of the Group Policy. The booklet, in either its paper or electronic form, is provided for information purposes only and does not create or confer any contractual rights or obligations. However, if there is any question as to interpretation, all rights with respect to an insured person will be governed solely by the Group Policy issued by the underwriting companies to the Group Insurance Trustees of the Newfoundland and Labrador Teachers' Association. In the event of a discrepancy between this booklet (paper or electronic version) and the Group Policy, the terms of the Group Policy will apply.

A copy of the master policies may be obtained upon written request to the Newfoundland and Labrador Teachers' Association office.

All information contained in this booklet is available on the NLTA website www.nlta.nl.ca. The Plan Administrator, Johnson Inc., maintains a members-only website at www.johnson.ca which contains your individual coverage and claims experience. A confidential password is required for access to your personal information at the Johnson website and may be obtained by contacting the Plan Administrator, Johnson Inc.

DIRECTORY

Important Addresses and Telephone Numbers:

Newfoundland and Labrador Teachers' Association

3 Kenmount Road
St. John's, NL A1B 1W1
Telephone: Local: 726-3223
Toll Free: 1-800-563-3599

Fax Local: 726-4302
Toll Free Fax: 1-877-711-NLTA (6582)

Website: www.nlta.nl.ca
E-mail: mail@nlta.nl.ca

Johnson Inc. - Group Plan Benefits

P.O. Box 12049
68 Portugal Cove Road
St. John's, NL A1B 1R7

	Local	Toll Free
Group Plan Benefit Enquiries:	737-1639/1559	1-800-563-1528
Claims Enquiries:	737-1640	1-800-563-1727
Fax:	737-1021	
Website:	www.johnson.ca	
Johnson Inc. Home and Auto (Quote)		1-800-563-0677

GENERAL INFORMATION

Ownership and Control

The NLTA Group Insurance Plan is owned by the Newfoundland and Labrador Teachers' Association and operated through a seven person Board of Teacher Trustees, appointed and answerable to the Provincial Executive of the Association. Under the terms of the legal Deed of Trust, the Trustees are given the mandate and responsibility for overseeing the operation of all aspects of the Group Insurance Plan. The Trust document stipulates that the Trustees shall consist of seven members of the Association, appointed by the Executive, and that the Provincial Executive shall designate one of those members as the Chairperson. The Trustees are essentially a Board of Directors appointed by Executive to manage the Group Insurance Plan.

The Newfoundland and Labrador Teachers' Association (NLTA) Group Insurance Trustees have responsibility for, and reserve the right to change, alter, or delete benefits and set premiums for all insured members covered by the NLTA Group Insurance plan, including retirees.

Administration and Consultation

In 1964 Johnson Inc. was hired as Plan Administrator and Consultant when the plan was initiated and the company continues in that role to present day. Johnson Inc. possesses the insurance expertise and technical systems that provides services to NLTA in areas of consultation, administration, payment of claims and collection/disbursement of premiums. The Trustees authorize Johnson Inc. to accept bids from insurance underwriters and enter into approved contracts with underwriters after the options in the Plan are placed on the market. All final contractual decisions are made by your NLTA Group Insurance Trustees.

CURRENT UNDERWRITERS

A1 - Basic Life

Underwritten by Desjardins Financial Security
Policy 140834

A2 - Member Voluntary Life

Underwritten by Manulife Financial
Policy 70671

A3 - Basic Accidental Death & Dismemberment

Underwritten by AXA Assurances Inc.
Policy 9227528A

A4 - Voluntary Accidental Death & Dismemberment

Underwritten by AXA Assurances Inc.
Policy 9227529

A5 - Spousal Life Insurance

Underwritten by Manulife Financial
Policy 70671

B - Health

Underwritten by Desjardins Financial Security
Policy 140834

B2 - Dental

Underwritten by Desjardins Financial Security
Policy 140834

C - Long Term Disability

Underwritten by Manulife Financial
Policy GH 36349

LC - Long Term Care

Underwritten by Manulife Financial
As per individual policy

T - Medical Out of Country

Underwritten by Royal & Sun Alliance
MEDOC

D - Automobile

Underwritten by Unifund Assurance
As per individual policy

E - Home

Underwritten by Unifund Assurance
As per individual policy

ELIGIBILITY GUIDELINES

Unrestricted Eligibility

The following NLTA members and employees are eligible for participation in all options of the Group Insurance Plan, subject to the guidelines of the master policies, with automatic enrolment in the Basic plan (Life, Accidental Death and Dismemberment, Health and Dental plan; and automatic enrolment in Long Term Disability for those eligible less than age 40, and compulsory enrolment for the NLTA Administrative staff:

- Permanent teachers on regular government or school board payroll.
- President of the NLTA (compulsory enrolment in LTD).
- Permanent employees of the NLTA (compulsory enrolment in LTD for administrative officers).
- Retired teachers and NLTA employees on pension (no LTD).

Restricted Eligibility

Substitute Teacher Plan

<u>OPTION</u>	<u>MAXIMUM COVERAGE</u>
Basic Life	\$ 15,000
Basic AD&D	\$ 15,000
LTD	Not Eligible
All other options	Same as Permanent Teachers

The following NLTA members and employees are eligible for participation in the NLTA Group Insurance Plan as described below:

■ Replacement and Term Contract Teachers

- Eligible for participation in all options of the Group Insurance Plan for the period of their teaching contract.
- Beyond the period of their teaching contract, these teachers are eligible for the Substitute Teacher Plan for the balance of the school year in which they taught, and the following school year based on the eligibility guidelines for continuation of coverage for substitute teachers.

■ Substitute Teachers

- Eligible for the Substitute Teacher Plan only, subject to the following criteria:
 - (i) After one day substituting, a substitute teacher is eligible for substitute coverage. No evidence of insurability is required if application is made within 31 days of the first day of substitution. If application is made more than 31 days after the first teaching day, the application will be subject to Evidence of Insurability.

- (ii) For continuation of coverage for the following school year, a substitute teacher must have taught ten (10) days the previous school year and must teach at least once before November 30th of that following year. Otherwise, there will be a lapse of coverage and a new application will be required after the substitute teacher has taught ten (10) days during a school year, requiring Evidence of Insurability.

■ **NLTA Members Teaching in Private Schools**

- Eligible for the Substitute Teacher Plan coverage for the period of their teaching contract only.
- Application is required and is subject to Evidence of Insurability, confirmation of salary and NLTA membership in good standing.

■ **Teachers/NLTA Employees on Leave**

The following categories of insured members on unpaid leave are eligible to continue coverage with no increase in Voluntary Life and Voluntary AD&D coverage, provided NLTA membership dues are being paid while on leave:

- Unpaid Sick Leave
- Maternity/Parental/Adoption Leave
- Other Approved Unpaid Leave
- Long Term Disability

■ **Teachers on Layoff (Subject to Article 9)**

Eligible to continue coverage (except LTD) while on recall under Article 9, if actively seeking employment as a teacher. No increase in Voluntary Life and Voluntary AD&D.

■ **Suspension/Termination**

Subject to approval of Trustees, eligible to continue coverage until the grievance process has been completed.

■ **Retired Substitute Teachers**

Eligible, in the month following their 55th birthday, to continue receiving the substitute coverage that they had in place at the time of retirement provided the substitute teacher has:

- (i) been paying premiums for the last five (5) years for the specified coverage;
- (ii) at least five (5) years substitute teaching;
- (iii) at least 100 substitute days in the last five (5) years of their career;
- (iv) 10 years attachment to the teaching profession.

■ **Teachers/NLTA Employees on Deferred Pension**

Deferred pensioners refers to those persons with:

- (a) 30 or more years of service;
- (b) between 20 and 30 years of pensionable service and within 10 years of receiving a regular pension;
- (c) less than 20 years of pensionable service and within 5 years of receiving a regular pension.

This category of members is eligible to continue coverage with no LTD and no increase in Voluntary Life and Voluntary AD&D provided: NLTA pension premiums are not withdrawn or transferred; the insured has not taken up a full-time position outside NLTA; and NLTA membership dues are paid.

■ **Retired Insured Members Residing Outside Canada**

Retired insured members residing outside Canada may continue the same Group Insurance coverage held while residing in Canada. Benefits will be paid as though the retirees were still residing in Newfoundland and Labrador and still covered under the provincial health plan. No benefit that would have been covered under the provincial health plan will be paid to these members. Benefits will be paid in Canadian funds.

■ **Eligible Dependents of Deceased NLTA Members/Employees**

Eligible to continue Health and Dental coverage only, provided the deceased insured had dependent insurance under the NLTA plan up to the date of death.

TERMINATION OF ELIGIBILITY FOR COVERAGE

- For those teachers who resign during the school year and cease to be NLTA members, coverage will cease on the effective date of resignation.
- For those teachers who resign at the end of the school year and cease to be NLTA members, coverage (except LTD) will cease as at August 31 of that year. LTD coverage ceases the date of resignation.
- For those insured members on replacement/term contract, coverage will cease at the end of the contract period.
- At normal termination stated in the master policies.

ENROLMENT

All new teachers and NLTA employees on continuing or term/replacement contracts are automatically enrolled in the Basic plan (Basic Life, Basic Accidental Death and Dismemberment, Health and Dental plans). New members under age 40 are automatically enrolled in the Long Term Disability plan as of the first day of active employment. No application is necessary.

Insured members are entitled to decline coverage under any or all of the various options by completing an "Opting Out Form". Insured members opting out and who later wish to enrol will be required to provide satisfactory evidence of insurability and be approved by the underwriters.

Members may apply for coverage under any of the plan options at any time by contacting the Plan Administrator, Johnson Inc., for the appropriate applications.

EFFECTIVE DATE OF COVERAGE

Upon enrolment, the effective date of coverage is the first day of active employment or the date the application is approved by the underwriters, whichever date is later.

NOTE: The member must be actively at work on the effective date of coverage or coverage will not take effect until return to active employment.

PAYMENT OF PREMIUMS

Premiums are automatically deducted from 24 of the 26 pay cheques for insured members on regular payroll. For insured members on pension, premiums are automatically deducted from the 24 regular pension cheques. All other insured members must make arrangements with the Plan Administrator, Johnson Inc., to have the premiums deducted from a bank account.

SUMMARY OF PLAN BENEFIT COVERAGE - OVERVIEW

A1 - BASIC LIFE INSURANCE

Prior to Age 65 Benefit Coverage

- 2 times annual salary or annual pension rounded to the next highest multiple of \$1,000 to a maximum of \$300,000.
- Dependent coverage: \$10,000 on spouse.
\$5,000 on each eligible dependent child.

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- Coverage ceases at age 65, and is replaced by post-65 coverage*.
- Conversion option available.

Post-65 Coverage

- \$15,000 for those reaching age 65 on or after September 1, 1985, and who have continued coverage under the Basic Life plan until their 65th birthday.

A2 - MEMBER/A5 - SPOUSE VOLUNTARY LIFE INSURANCE

- Maximum coverage of \$500,000 in units of \$10,000.
- Member and/or spouse by application only.
- Rates step rated based on member or spouse's age.
- Coverage ceases when member/spouse reaches age 65.
- Conversion option available.

A3 - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- Maximum coverage of two times annual salary or annual pension (minimum of \$40,000) rounded to the next highest multiple of \$1,000 to a maximum of \$300,000.
- Coverage on teacher and NLTA employee only.
- Coverage ceases at age 65*.

A4 - VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- Maximum member coverage of \$500,000 in units of \$10,000 for those under age 70. Maximum member coverage of \$100,000 for those age 70-74.
- Spousal coverage is 50% of member coverage with eligible dependent children; 60% of member coverage with no dependent children.
- Eligible dependent child coverage is 15% of member coverage; 20% of member coverage if no spouse.
- Member coverage ceases at age 75.

B - HEALTH INSURANCE PLAN

- Drug Plan: Coverage is 100% of generic ingredient drug cost for eligible drugs. Member pays dispensing fee and pharmacy markup.
- Hospital Care: Coverage is 50% of the semi-private room rate.

**An insured member who has not previously retired, is not in receipt of pension, and who elects to continue working past age 65 may continue coverage at two times salary until the date of retirement.*

- Vision Care: Coverage is 80% to a maximum payment of \$125 in any 3 consecutive calendar years for adults, and once every calendar year for eligible dependent children under age 18 with a prescription change.
- Other Benefits: Paid at 80%, subject to maximums as outlined in the Health section of this booklet.

B2 - DENTAL INSURANCE PLAN

- 80% of eligible benefits as per the Fee Guide approved by Trustees.
- Recall examinations, cleanings, fluoride treatments and bitewing x-rays once every 12 months.
- No coverage for orthodontics, dentures and bridges.

OPTION C - LONG TERM DISABILITY (LTD)

A. Long Term Disability Insurance

- Elimination Period 30 days or expiry of sick leave, whichever is greater.
- Monthly Benefit 66 $\frac{2}{3}$ % of gross monthly earnings in effect on the date benefit payments commence, subject to the integration offset which allows an all-source maximum of 85% of net salary (gross minus income tax).
- Benefit Age Limit To age 60.
- Own Occupation Disability Period 24 months of benefit payable.
- Any Occupation Disability Period Up to age 60.
- Integration/offset Retirement and employer sponsored disability pension plans including TPP and CPP, and others as per master contract.
- Tax Status LTD benefit is tax free.

B. LTD - Workers' Compensation Top-Up

- Eligibility In receipt of workers' compensation lost time benefits.

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- **Benefit Level** Difference between bi-weekly workers' compensation benefit and 85% of Net Income (gross minus income tax minus CPP and EI premium).
- **Benefit Duration** Lifetime maximum period of the lesser of one year (195 work days for teachers), or number of work days an insured member is in receipt of W.C. benefits.

OPTION LC - Long Term Care

- Personal individual policies available to teachers, NLTA employees and their family members (spouse, adult children, parents) between the ages of 18 and 89 who apply by completing the application with health questions.
- 10% reduction in monthly premium. Rates of more than one insured member.

Three plan options	Daily Maximum Benefit	Maximum Lifetime Benefit
Plan A	\$50	\$50,000
Plan B	\$75	\$100,000
Plan C	\$100	\$200,000

- Benefit level is the less of daily maximum or 80% of actual covered expenses which include: Home Care, Nursing Facility, Adult Day Care, Respite Care, etc.
- Additional features include inflation protection, caregiver training benefit, durable medical equipment and emergency response system.
- 30 day elimination period.

OPTION T - MEDICAL OUT OF COUNTRY

- Out of Province/Canada emergency medical insurance plan.
- Trip cancellation included.

OPTION D/OPTION E - HOME AND AUTOMOBILE INSURANCE

- Personal individual policies.
- Available through Johnson Inc. with premium paid by payroll deduction without interest or service charge.

BASIC LIFE - OPTION A1

Current Underwriter (2007) - Desjardins Financial Security
Policy Number 140834

ELIGIBILITY

Subject to eligibility guidelines, all NLTA members and employees residing in Canada are eligible to participate in this plan. Spouses and eligible dependent children may also be insured.

If a member is initially insured for single coverage only, and later acquires a dependent, their dependent will be enrolled in the Plan without medical evidence, providing the Plan Administrator, Johnson Inc., is notified within 31 days of the date of eligibility for family coverage.

Any NLTA member/employee may choose to remove him/herself from this plan by contacting the Plan Administrator, Johnson Inc., to complete an Opt-out form. Subsequent to opting out or allowing coverage to lapse or terminate, should a teacher wish to rejoin this plan, an application for coverage with evidence of medical insurability for the member and their dependents will be required.

SCHEDULE OF BENEFITS

Life Benefit

1. Active Member/NLTA Employee

(Permanent/Term Contract)

Two times annual earnings, rounded to the next higher multiple of \$1,000, if not already a multiple. The maximum benefit is \$300,000.

2. Reduction

Retired Members/NLTA Employees under age 65

Upon retirement, the amount of insurance will change to two times annual pension rounded to the next higher multiple of \$1,000, if not already a multiple. The maximum benefit is \$300,000.

The amount of insurance for teachers retired on disability pension is 200% of the salary last worked, until attaining age 60. At age 60, the benefit will change to 200% of annual pension.

Teachers who became disabled prior to September 1, 1993 were eligible for waiver of premium under this policy. The amount of insurance for teachers on waiver of premium prior to September 1, 1993 is 200% of the salary last worked prior to going on waiver until attaining age 60. At age 60, the benefit changes to 200% of annual pension. The waiver of premium benefit is not available for teachers who become disabled after September 1, 1993.

Retired Members/NLTA Employees who attain age 65 on or after September 1, 1985

The insurance benefit will change to \$15,000. (Teachers on waiver of premium prior to September 1, 1993 maintain the Post-65 Life coverage in effect at the date of their disability.)

3. Dependents

The Dependent Life Insurance Benefit (not available under the substitute teachers' plan):

Spouse	\$10,000
Each Eligible Child	\$5,000

4. Substitute Teachers' Plan

\$15,000 member only

5. Replacement and Term Contract Teachers

The amount of insurance for term contract/replacement teachers is two times annual salary rounded to the next higher multiple of \$1,000, if not already a multiple, for the term of their contract period to a maximum benefit of \$300,000. After the end of the contract period, these teachers are eligible for \$15,000 coverage as a substitute teacher until November 30 of the following year.

NOTE: Coverage is available for the benefits indicated above, provided eligibility requirements have been met.

CLAIM PROCEDURES

If an insured member or one of their dependents should die, the Plan Administrator, Johnson Inc., will provide the necessary claim form(s) to the beneficiary of the insurance benefit. Proof of death should be submitted as soon as reasonably possible.

The insurance benefit will be paid to the appointed beneficiary(ies). Payment of benefit and changes in beneficiary designation are subject to applicable government legislation. If the appointed beneficiary dies before the insured member or if there is no beneficiary designated, the benefit will be payable to the estate.

For the Dependent Life Benefit the member/employee is the beneficiary.

CONVERSION OPTION

If individual coverage terminates or reduces, the insured member may convert their Group Life Insurance and that of their spouse to an individual life insurance policy, subject to a maximum amount of the lesser of:

- 1) \$300,000 for each benefit; and

- 2) the amount of insurance that terminated, less the amount of insurance under any replacing group policy within 31 days of the termination.

The individual life insurance policy will be issued without proof of satisfactory health provided the completed application form is mailed to the underwriter within 31 days of the date of termination.

The conversion policy will not include disability, double indemnity, or accidental death and dismemberment provisions.

If the insured member or their spouse dies during the 31 day period in which they are eligible to make application for conversion, the amount of Group Life Insurance available for this purpose will be payable, whether or not the member applied for conversion.

Certain conversion rights are also available on policy termination. Details on conversions may be obtained from the Plan Administrator, Johnson Inc., or by contacting the underwriter.

TERMINATION OF INSURANCE

Insurance for the insured member and their dependents will cease on the earliest of the following events:

1. Termination of employment, other than retirement under the provisions of the eligibility guidelines.
2. On the date of death.
3. On the day the insured member enters the armed forces of any country on a full-time basis.
4. Termination of the policy or eligibility of coverage.
5. On the date the insured member no longer pays the required premium towards the cost of insurance, where applicable.
6. Dependent Life Insurance terminates when the retired member reaches age 65.
7. For substitute teachers, on November 30th of the following school year if, during the preceding three months, the substitute teacher has not taught at least one day, and has not taught at least 10 days in the previous school year.
8. For private school teachers, coverage terminates upon termination of the teaching contract.

VOLUNTARY LIFE - OPTION A2/A5

**Current Underwriter (2007) - Manulife Financial
Policy Number 70671**

ELIGIBILITY

Subject to eligibility guidelines, all NLTA members and employees under the age of 65 residing in Canada are eligible to participate in Option A2. Spouses under age 65 are eligible for insurance under Option A5.

COVERAGE

A member may apply for coverage for themselves and/or their spouse in units of \$10,000 up to a maximum of \$500,000 each.

If a member is not presently insured or wishes to increase the benefit level, application is required, with proof of good health. The application can be obtained by contacting the Plan Administrator, Johnson Inc.

Coverage ceases at age 65.

CLAIMS PROCEDURES

If an insured member or an insured spouse should die, the Plan Administrator, Johnson Inc., will provide the necessary claim form(s) to the beneficiary of the insurance benefit. Proof of death should be submitted as soon as reasonably possible.

The insurance benefit will be paid to the appointed beneficiary(ies). Payment of benefit and changes in beneficiary designation are subject to applicable government legislation. If the appointed beneficiary dies before the insured or if there is no beneficiary designated, the benefit is payable to the estate of the insured.

Suicide Limitations

No benefit is payable for any amount of Optional Life Insurance that has been in force for less than one (1) year if death is due to suicide while sane or insane. The one (1) year period includes any time that coverage has been in force with the previous carrier(s) and which has been grandfathered.

CONVERSION TO INDIVIDUAL INSURANCE

The insured member and/or insured spouse may convert their insurance to an individual life insurance policy within 31 days following termination of their insurance subject to a maximum of \$200,000 without evidence of insurability. Waiver of premium, disability benefits or riders are not available.

Extension of Coverage

If the insured dies during the 31 day period in which they are eligible to apply for conversion to individual insurance, the amount of group insurance which the insured was eligible to convert shall be payable as a claim under the Group Policy. Any individual insurance policy issued or for which application has been made under the conversion privilege shall be of no effect.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - OPTION A3

Current Underwriter (2007) - AXA Assurances Inc.

Policy Number 9227528A

ELIGIBILITY

Subject to eligibility guidelines, NLTA members and employees residing in Canada are eligible to participate in this plan.

Spousal/Dependent coverage is not available under this policy but is available under A4 - Voluntary AD&D.

Any NLTA member/employee may choose to remove him/herself from this plan by contacting the Plan Administrator, Johnson Inc., to complete an Opt-out form. Subsequent to opting out or allowing coverage to lapse or terminate, should a teacher wish to rejoin this plan, an application will be required.

COVERAGE

The amount of insurance with respect to each eligible member/employee is:

1. **Member/Employee:** Two times annual salary/pension rounded to the next highest multiple of \$1,000 if not already a multiple of \$1,000, subject to a minimum of \$40,000 and a maximum of \$300,000.
2. **Replacement and Term Contract Teacher:** The amount of insurance for term contract/replacement teachers for the term of their contract period is two times annual salary rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000, subject to a minimum of \$40,000 and a maximum of \$300,000. After the end of the contract period, these teachers are eligible for \$15,000 coverage as a substitute teacher until November 30 of the following year.
3. **Substitute Teachers' Plan:** \$15,000 members only.
4. **NLTA Members Teaching in Private Schools:** \$15,000 members only.

SCHEDULE OF BENEFITS

The insurance includes benefits for Accidental Death, Dismemberment, Loss of Speech and/or Hearing, Paralysis and Loss of Use, any of which are caused by accident.

Loss Schedule

If within one year from the date of the accident, injury results in any of the following specific losses, the underwriter pays the percentage set opposite such loss for injury resulting from an accident. Each sum is calculated based on the amount of insurance.

For Loss of:	Percentage of Amount of Insurance
Life	100%
Entire Sight of Both Eyes	100%
One Hand and Entire Sight of One Eye	100%
One Foot and Entire Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Entire Sight of One Eye	100%
Speech or Hearing in Both Ears	100%
Hearing in One Ear	66 ² / ₃ %
All Toes of One Foot	33 ¹ / ₃ %

For Loss of or Loss of Use of:

Both Arms, Both Hands, or Both Feet	100%
One Hand and One Foot	100%
One Arm or One Leg	100%
One Hand or One Foot	100%
Thumb and Index Finger of the Same Hand or at Least Four Fingers of One Hand	66 ² / ₃ %

For Paralysis of:

All Four Limbs (quadriplegia)	200%
Both Lower Limbs (paraplegia)	200%
One Arm and One Leg on the Same Side of the Body (hemiplegia)	200%

“Loss” means, with regard to:

Life	Death of the insured member
Arm or Leg	Complete severance through or above the elbow or knee joint;
Eyes	Complete and irrecoverable loss of entire sight;

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Hands and Feet	Complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
Loss of Use	Total and irrecoverable Loss of Use, provided the Loss of Use is continuous for 12 consecutive months and such loss is determined to be permanent at the end of such period;
Paralysis	The loss of ability to move all or part of the body;
Speech	Complete and irrecoverable loss of the ability to utter intelligible sounds;
Hearing	Complete and irrecoverable loss of hearing;
Thumbs	Complete severance of one (1) entire phalanx of the thumb;
Fingers	Complete severance of two (2) entire phalanges of the finger
Toes	Complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes;
Quadriplegia	The permanent paralysis and functional loss of use of both upper and lower limbs;
Paraplegia	The permanent paralysis and functional loss of use of both lower limbs;
Hemiplegia.	The permanent paralysis and functional loss of use of upper and lower limbs on the same side of the body.

The benefit provided under this section for all losses the insured sustains as a result of any one accident does not exceed the following:

1. With the exception of quadriplegia, paraplegia and hemiplegia, the amount of insurance;

2. With respect to quadriplegia, paraplegia and hemiplegia, two times the amount of insurance; or the amount of insurance if loss of life occurs within ninety (90) days after the date of the accident.

In no event will indemnity payable for all Losses under this section exceed, in the aggregate, two times the Principal Sum as the result of the same accident.

The following benefits are included but only payable under one policy Basic AD&D 9227528A, Voluntary AD&D 9227529:

<u>Schedule of Benefits</u>	<u>Maximum Amount</u>
Coma	Amount of Insurance (less other AD&D benefits paid)
Cosmetic Burn and Disfigurement	Amount of Insurance
Day Care	5% of amount insured (max. \$5,000)
Education:	
• dependent child	5% of amount insured (max. \$5,000)
• occupational training	\$20,000
Family Transportation	\$10,000
Home Alteration and Vehicle Modification	\$20,000
Identification	\$15,000
In-Hospital	maximum \$2,500 per month
Permanent and Total Disability	Amount of Insurance
Rehabilitation	\$20,000
Repatriation	\$20,000
Seat Belt . . .	Amount of Insurance increased by 25% maximum of \$25,000
Workplace Modification and Accomodation	\$10,000
Critical Illness Benefit	(combined maximum of \$2,000 under all policies)

Coma Benefit

When, following an injury which results in a loss payable under the policy which independently of all other causes results in being in a coma for 60 consecutive days, the underwriter will pay a coma benefit. The benefit will be the principal sum amount less any monies paid under the specific loss accident indemnity provided the insured member becomes comatose within 365 days after the date of the accident.

Cosmetic Burn and Disfigurement

In the event an Insured Member suffers a cosmetic disfigurement due to a burn, classified as a third degree burn, a cosmetic disfigurement benefit is payable based on the percentage of the Principal Sum, as shown in the Cosmetic Burn Schedule below, which is determined by the Area Classification factor times the percentage of body surface actually burned. The maximum allowable percentage for body surface burned, as shown in the following Cosmetic Burn Schedule, is based on 100% of the specific body part being burned. The attending physician will determine the actual percentage applicable to each burn. Benefits payable for all such burns will not exceed 100% of the Principal Sum.

Cosmetic Burn Schedule

Body Part	Area Classification Factor	Maximum Allowable % for Body Surface Burned	Maximum % of Principal Sum Payable
Face, Neck, Head	11	9.0%	99.9%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg - below knee	3	9.0%	27.0%

In the event benefits are payable under this section and the sections entitled Specific Loss Accident Indemnity or Permanent Total Disability, the total benefits payable will not exceed 100% of the Principal Sum (or 200% for Paralysis).

Day Care

In the event accidental Loss of Life is sustained by an Insured Member and indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will pay the lesser of the following amounts for any dependent child who, on the date of or within 365 days of the insured member's death, is enrolled in a legally licensed Day-Care Centre. The dependent child must be an insured member's dependent and under age 13:

- (1) five percent (5%) of the Insured's Member's Principal Sum; or
- (2) five thousand dollars (\$5,000) per year for each year up to four consecutive years such child remains enrolled in a legally licensed Day-Care Centre.

Educational Benefit

In the event accidental Loss of Life is sustained by an Insured Member and indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will:

1. Pay the lesser of the following amounts to or on behalf for each of the Dependent Children who, at the date of accident, or within 365 days of the insured member's death, was enrolled as a full-time student in any institution of higher learning beyond the twelve (12) grade level:
 - (a) five percent (5%) of the Insured Member's Principal Sum; or
 - (b) five thousand dollars (\$5,000) per school year for a maximum of four consecutive annual payments provided such child remains enrolled as a full-time student in an institution of higher learning .

For the purposes of the Day-Care benefit or the educational benefit, should there be no eligible dependent child at the time of loss of life of an Insured Member, the underwriter shall pay to the insured member's beneficiary an additional \$2,500.

2. Pay to or on behalf of the surviving Spouse the actual cost incurred within thirty-six (36) months from the date of death of the Insured Member as payment for any professional or trades training program in which such Spouse has enrolled for the purpose of an independent source of support and maintenance, but not to exceed a maximum total payment of twenty thousand dollars (\$20,000).

Family Transportation

When an insured incurs an injury (not loss of life) which results in the underwriter making a payment under the "Loss Schedule", and such insured is confined in a hospital located more than 100 kilometres from the insured's normal place of residence within 365 days of the accident, is under the regular care and attendance of a physician and requires the personal attendance of a member of the immediate family as recommended by the attending physician, payment is made for the actual expense incurred by the family member for transportation to the insured's bedside by the most direct route by a licensed common carrier, not to exceed \$10,000 as stated in the "Schedule of Benefits".

Confinement as a result of any other injury other than for a specific loss under the Loss Schedule will be covered subject to a period of at least four (4) days of continuous hospitalization which begins within 24 hours following the date of the accident, and subject to the other conditions listed above.

Home Alteration and Vehicle Modification

In the event an Insured Person sustains an injury which results in a Loss of Both Feet or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity is payable in accordance with the terms of this policy, and subsequently requires the use of a wheelchair to be ambulatory, the underwriter will pay upon presentation of proof of payment:

- (a) the one-time cost of alterations to the Insured Person's principal residence; and
- (b) the one-time cost of modifications to one (1) motor vehicle, utilized by the Insured Person.

Benefits payments herein will not be paid unless:

- (1) home alterations are made on behalf of the Insured Person and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (2) vehicle modifications are made on behalf of the Insured Person and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items (a) and (b) combined will not exceed twenty thousand dollars (\$20,000).

Identification Benefit

In the event accidental Loss of Life is sustained by an Insured Person, whose body required identification, and subsequently indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will pay the reasonable and necessary expenses actually incurred by a member of the Immediate Family for:

- (1) lodging and board while en route and/or during the stay in the city or town where the body is located (not to exceed a maximum duration of three (3) consecutive nights);
- (2) transportation by the most direct route to such location;

provided the body is located not less than one hundred and fifty (150) kilometers from the said family member's normal place of residence and the identification of the body is requested by the police or a similar law enforcement agency having authority over such matters.

Payment will not be made for ordinary living, travelling or clothing expenses, other than stated above. If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$0.35) per kilometer travelled.

The maximum amount payable under this section will not exceed in the aggregate the amount of fifteen thousand dollars (\$15,000).

Any benefits remaining upon death of the Insured Member will be paid to the designated beneficiary.

In-hospital Indemnity Benefit

If a covered accident requires that the insured be hospitalized for more than four (4) consecutive days, the underwriter will pay a benefit equal to $\frac{1}{30}$ of 1% of the principal sum for each day of continuous hospital confinement retroactive to the first day of hospital confinement.

This benefit is limited to the monthly amount stated in the "Schedule of Benefits" and is payable for a maximum period of 12 months as a result of any covered accident. Successive periods of hospital confinement for loss from the same accident, separated by a period of less than three (3) months, will be considered as one (1) period of hospital confinement. Coverage is limited to those under age 70.

Permanent and Total Disability

When as a result of injury and commencing within 365 days of the date of the accident an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he/she is reasonably qualified by reason of his education, training or experience, the underwriter will pay, provided such disability has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the Accidental Death and Dismemberment Indemnity Coverage of the policy as the result of the same accident. To be eligible, the injured person has to be actively and gainfully employed on a full-time basis and under age 65 at the time of the accident. The benefit is not applicable to retired members.

Rehabilitation

In the event an Insured Person sustains an injury which results in a Loss payable in accordance with the terms of this policy, the underwriter will pay, within three (3) years from the date of the accident, the reasonable and necessary expenses actually incurred for special training in order to become specifically qualified in an occupation for which he/she would not otherwise have sufficient qualifications.

Payment by the underwriter for all such expenses will not exceed twenty thousand dollars (\$20,000) as the result of any one accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Repatriation of the Insured's Remains

In the event accidental Loss of Life is sustained by an Insured Person, within three hundred and sixty-five (365) days of the date of the accident, not less than fifty kilometers (50 km) from the Insured Person's normal place of residence and indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will pay the actual expenses incurred for preparing the deceased for burial or cremation and shipment of the body to the city of residence of the deceased but not to exceed the amount of twenty thousand dollars (\$20,000).

Seat Belt

Benefits under the policy shall be increased by 25% for a covered accident if the insured person's injury or death results while he/she is a passenger or driver of a private passenger type automobile and his/her seat belt is properly fastened, to a combined maximum of \$25,000 under all policies. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

Workplace Modification and Accomodation

In the event an Insured Member sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy and such Insured Member requires special adaptive equipment and/or workplace modification in order to reasonably accommodate his/her return to active full-time work with the current Employer, the Insurer will pay the reasonable and necessary expenses actually incurred by the Employer provided:

1. The Employer agrees in writing to provide the special adaptive equipment and/or make modifications to the workplace for the purpose of making it accessible and adaptable to the needs of such Insured Member.

2. The Employer acknowledges in writing that the performance of the essential duties of such Insured Member's job may be altered.
3. The proposed special adaptive equipment and/or workplace modification must have prior written approval by the Insurer.
4. The Insurer has the right to examine the Insured Member to evaluate the appropriateness of the proposed modifications.

The benefit will be paid to the Employer upon the Insured Member's return to active full-time work with the Employer and the Insurer has been provided with written proof of the expenses incurred. The benefit is not payable if the Employer does not incur any cost in providing the special adaptive equipment and/or the workplace modification.

Payment by the Insurer for the total of all expenses incurred by the Employer will not exceed ten thousand dollars (\$10,000) as a result of any one (1) Accident.

EXCLUSIONS

The policy does not cover any loss, fatal or non-fatal, caused or contributed to by suicide or intentionally self-inflicted injury; war, whether declared or not; participation in a riot, insurrection, civil commotion or disturbance; active full-time, part-time, or temporary service in the armed forces of any country; riding as a passenger or otherwise in any vehicle or device for aerial navigation other than as provided in the section entitled "Aircraft Coverage"; medical treatment or surgery, except if the medical treatment or surgery was needed because of an accident.

CLAIMS PROCEDURE

To make a claim, the insured or insured's beneficiary should notify the Plan Administrator, Johnson Inc., immediately after an accident. The Plan Administrator, Johnson Inc., must provide written notice of claim to the underwriter **within 30 days from the date of the accident** and written proof of loss must be submitted to the underwriter within 90 days after the date of such loss. Failure to submit such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

In the event of accidental death, the Accidental Death benefit shall be payable to the beneficiary or beneficiaries designated by the insured on the most recent enrollment form under this policy. If there is no such beneficiary designation, the benefit shall be payable to the beneficiary or beneficiaries designated under the Basic Group Life Insurance. In the event that there is no beneficiary designation under this policy and the

Basic Group Life policy, the Accidental Death benefit shall be payable to the estate. All other benefits payable other than "Educational Benefit" and "Day-Care" are payable to the insured.

CONVERSION OPTION

On the date of termination of employment or during the 31 day period following termination of employment, the insured may change their insurance to the underwriter's individual insurance policy. The individual policy will be effective either as of the date that the application is received by the Insurance Company or on the date that coverage under the policy ceases, whichever occurs later. The premium on the individual policy shall be at the underwriter's then customary rates in force for the insured member's attained age at the date of conversion. Application for an individual policy may be made at any office of the underwriter. The amount of insurance benefit converted shall not exceed that amount issued during employment and not exceed a total aggregate of \$500,000 for all such conversions with the underwriter for AD&D.

Critical Illness Benefit for Heart Attack, Stroke, Coronary Bypass Surgery or Life Threatening Cancer (separate policy #9227528B)

A new benefit is available under limited and specific conditions as determined by the master policy. Members should note that "pre-existing condition" limitations exist.

In the event that an insured member is diagnosed with a heart attack, stroke, life threatening cancer, or undergoes coronary artery by-pass surgery, a lump sum payment of \$2,000 may be available under specific and limited conditions.

Definitions (for the Critical Illness Benefit)

Heart Attack means the diagnosis of the death of a portion of the heart muscles, resulting from the blockage of one or more coronary arteries due to atherosclerotic heart disease. The diagnosis must be based on all of the following criteria occurring at the same time: a) a new episode of typical chest pain or equivalent symptoms; b) new electro-cardiographic (ECG) changes indicative of an acute myocardial infarction; and c) biochemical evidence of myocardial necrosis (heart muscle death) including elevated cardiac enzymes and or/ro troponin. Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are specifically excluded.

Coronary Artery Bypass Surgery means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practising in Canada.

Non-surgical techniques not covered by this definition include:

- Balloon angioplasty;
- Laser embolectomy; or
- Other non-bypass techniques.

Stroke means the unequivocal diagnosis by a neurologist of the death of brain tissue caused by thrombosis, embolism or hemorrhage. The diagnosis must be based on all of the following: a) sudden onset of neurological symptoms; b) new objective neurological deficits on clinical examinations persisting continuously for at least sixty (60) days following the diagnosis of the stroke; and c) new findings on CT scan or MRI, if done, consistent with the clinical diagnosis. This definition specifically excludes Transient Ischemic Attacks (TIA's).

Life Threatening Cancer means the diagnosis of a malignancy, which is characterized by the uncontrolled growth of cancer cells with the invasion of tissue. The following conditions are excluded under this definition:

- Early prostate cancer, diagnosed as T1A N0 M0 and T1B N0 M0 or equivalent staging;
- Non-invasive cancer (in situ);
- Pre-malignant lesions, benign tumours or polyps;
- Any skin cancer other than invasive malignant melanoma greater than 0.75 mm;
- Any tumour in the presence of any Human Immunodeficiency Virus (HIV).

There shall be no coverage under this definition if within ninety (90) days following the insured person's effective date of coverage; a) a diagnosis of cancer is made; or b) any symptoms or medical problems commenced and initiated investigations leading to the subsequent diagnosis of any cancer.

Principal Sum means the amount stated under the section titled "Amount of Insurance".

Diagnosis means the certified diagnosis of a critical illness by a medical practitioner or specialist who is licensed and practicing medicine in Canada, other than the insured person, a business associate or a relative.

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Survival Period means thirty (30) days following the date of diagnosis of the coronary artery bypass surgery.

Pre-existing Condition means: a) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twenty-four (24) month period preceding the insured person's effective date of coverage; or b) an illness or condition for which the insured person, during twenty-four (24) months prior to the effective date of his/her coverage incurred medical expenses, received medical treatment, took prescribed drugs or medicine or consulted a physician.

The Amount of Insurance is \$2,000 and payable in the event of a critical illness and will be payable to the insured member or the insured member's estate.

Exceptions

The \$2,000 benefit will not be paid if a critical illness results directly or indirectly from any one or more of the following causes:

- 1) Within ninety (90) days following the effective date of coverage of the insured person's a) diagnosis of cancer is made, or b) any symptoms or medical problems commenced and initiated investigations leading to the subsequent diagnosis of cancer.
- 2) An intentionally self-inflicted injury or sickness, whether the insured member is sane or insane.
- 3) The use of illicit drugs other than as prescribed and administered by or in accordance with the instruction of a legally licensed medical practitioner.
- 4) From a pre-existing condition except if such critical illness is diagnosed twenty-four (24) months after the insured member's effective date of coverage.

Area of Diagnosis

Should a critical illness occur or be diagnosed outside of Canada, payment of the benefit may be considered upon the insured member's return to Canada for medical assessment and confirmation of the diagnosis of a critical illness.

Continuation of Coverage

Coverage under this Critical Illness Policy will be continued during any approved leave of absence, temporary lay-off, maternity leave or disability leave of the employee, not exceeding ninety (90) days provided payment of premium is continued.

Claim Coverage for Critical Illness Benefit

In the event of a claim, the plan administrator, Johnson Inc., should be contacted immediately.

Written notice of the claim must be given to AXA Assurances Inc. within thirty (30) days after the date of the diagnosis and written proof of loss must be submitted ninety (90) days after the date of diagnosis.

Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the diagnosis.

The group Master Policy sets forth in detail the terms and conditions of the program and all rights and obligations are determined in accordance with the Master Policy for the Critical Illness Benefit, not this booklet.

TERMINATION OF INSURANCE

Insurance for the insured member will cease on the earliest of the following events:

1. Termination of employment, other than retirement under the provisions of the eligibility guidelines.
2. On the date of death.
3. On the day the insured member enters the armed forces of any country on a full-time basis.
4. Termination of the Policy or eligibility of coverage.
5. On the date the insured member no longer pays the required premium towards the cost of insurance, where applicable.
6. On the date the insured retired member reaches age 65.
7. For substitute teachers, on November 30th of the following school year if, during the preceding three months, the substitute teacher has not taught at least one day, and has not taught at least 10 days in the previous school year.
8. For private school teachers, coverage terminates upon termination of the teaching contract.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - OPTION A4

Current Underwriter (2007) - AXA Assurances Inc.

Policy Number 9227529

ELIGIBILITY

Subject to eligibility guidelines, NLTA members and employees residing in Canada are eligible to participate in this plan. Spouses and eligible dependent children are also eligible to be insured under this plan option.

COVERAGE

Enrollment forms for this benefit are available by contacting the Plan Administrator, Johnson Inc. Coverage is effective on the date the completed enrollment form is received by the Plan Administrator, Johnson Inc.

If a member is not presently insured or wishes to increase the benefit level, application is required. The application can be obtained by contacting the Plan Administrator, Johnson Inc.

1. Member/Employee Only Plan

The member/employee, under age 75, may apply for coverage from a minimum of \$10,000 to a maximum of \$500,000 in units of \$10,000. The maximum member coverage for those age 70-74 is \$100,000. Coverage terminates at age 75.

2. Family Plan

The member/employee, under age 75, may apply for coverage from a minimum of \$10,000 to a maximum of \$500,000 in units of \$10,000. The maximum member coverage for those age 70-74 is \$100,000. Coverage terminates at age 75.

The member/employee's family is insured for the following:

(a) Spousal Coverage

The spouse is insured for 50% of the member coverage if there are dependent children, or 60% of the member coverage if there are no dependent children.

(b) Each Dependent Child

Each dependent child is insured for 15% of member coverage if there is an insured spouse, or 20% of member coverage if there is no spouse, to a maximum of \$100,000 per dependent child.

In the event the insured member and their spouse, who are both members and/or employees of the Policyholder, elect the Family Plan, the maximum amount of principal sum for which each dependent child can be insured is \$200,000.

SCHEDULE OF BENEFITS

The insurance includes benefits for Accidental Death, Dismemberment, Loss of Speech and/or Hearing, Paralysis and Loss of Use, any of which are caused by accident. **The following benefits are included but payable only under one policy - Basic AD&D 9227528A or Voluntary AD&D 9227529.**

<u>Benefit</u>	<u>Maximum Amount</u>
Business Venture Benefit	lesser of maximum 20% of amount insured or \$50,000
Child Enhancement	2 times amount of insurance
Coma Benefit	Amount of Insurance less other AD&D benefits paid
Cosmetic Burn and Disfigurement	amount of insurance
Common Disaster	\$1,200,000
Day Care5% of amount insured (max. \$5,000/year)
Education:	
• dependent children	5% of amount insured (max. \$5,000)
• occupational training	\$20,000
Escalation	3% of benefit payable - total maximum 15%
Family Transportation	\$10,000
Funeral Expense	\$5,000
Home Alteration and Vehicle Modification	\$20,000
Home-Maker Weekly Indemnity	\$150 per week (max. 26 weeks)
Identification	\$15,000
In-Hospital	\$2,500
Permanent and Total Disability	amount of insurance
Rehabilitation	\$20,000
Repatriation	\$20,000
Seat Belt25% of amount insured to a maximum of \$25,000
Workplace Modification and Accomodation	\$10,000

LOSS SCHEDULE

If within one year from the date of the accident, injury results in any of the following specific losses, the underwriter pays the sum set opposite such loss for injury resulting from an accident. Each sum is calculated based on the amount of principal sum.

Paralysis	The loss of ability to move all or part of the body;
Speech	Complete and irrecoverable loss of the ability to utter intelligible sounds;
Hearing	Complete and irrecoverable loss of hearing;
Thumbs	Complete severance of one (1) entire phalanx of the thumb;
Fingers	Complete severance of two (2) entire phalanges of the finger;
Toes	Complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes;
Quadriplegia	The permanent paralysis and functional loss of use of both upper and lower limbs;
Paraplegia	The permanent paralysis and functional loss of use of both lower limbs;
Hemiplegia	The permanent paralysis and functional loss of use of upper and lower limbs on the same side of the body.

The benefit provided under this section for all losses the insured sustains as a result of any one accident does not exceed the following:

1. With the exception of quadriplegia, paraplegia and hemiplegia, the amount of insurance;
2. With respect to quadriplegia, paraplegia and hemiplegia, two times the amount of insurance; or the amount of insurance if loss of life occurs within ninety (90) days after the date of the accident.

In no event is indemnity payable for all losses under this section to exceed, in the aggregate, two times the amount of insurance as the result of the same accident.

Business Venture Benefit

When an insured member sustains an injury which results in a Loss payable under the "Specific Loss Accident Indemnity", the insured member will qualify for a Business Venture benefit which covers the Initial Costs applicable to the development of a new independent business enterprise in Canada.

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To qualify for benefits the insured member must be totally disabled from his/her own occupation beginning within 365 days following the date of injury; remain totally disabled for a continuous period of one year providing proof of disability to the underwriter within said one-year period; and submit to the insurer a Business Plan as defined by the Master Policy at the end of said one-year period.

The Initial Cost must be incurred by the insured member within the second year following the date total disability begins and are subject to the lesser of a maximum of 20% of the insured member's principal sum or \$50,000.

Initial Costs include land, buildings, fixtures, machinery, supplies, vehicles, pre-opening expenses but exclude daily operating costs as defined in the Master Policy. The Initial Costs will not include more than the insured member's equitable share, if in a partnership or facility sharing agreement with one or more persons.

Child Enhancement

When an insured dependent child incurs an injury (not loss of life) which results in the underwriter having to make a payment under the "Loss Schedule", the underwriter pays two times the amount of insurance. This provision is not applicable if loss of life occurs within 90 days.

Coma Benefit

When, following an injury which results in a loss payable under the policy which independently of all other causes, results in being in a coma for 60 consecutive days, the underwriter will pay a coma benefit. The benefit will be the principal sum amount less any monies paid under the specific loss accident indemnity provided the insured member becomes comatose within 365 days after the date of the accident.

Common Disaster Benefit

If both Member and Spouse die as a result of a Common Accident, the Principal Sum applicable for Loss of Life of the Insured Member's Spouse will be increased up to the Insured Member's Principal Sum amount of indemnity to an aggregate maximum of \$1,200,000.

Cosmetic Burn and Disfigurement

In the event an Insured Member suffers a cosmetic disfigurement due to a burn, classified as a third degree burn, a cosmetic disfigurement benefit is payable based on the percentage of the Principal Sum, as shown in the Cosmetic Burn Schedule below, which is determined by the Area Classification factor times the percentage of body surface actually burned. The maximum allowable percentage for body surface burned, as shown in the following Cosmetic Burn

Schedule, is based on 100% of the specific body part being burned. The attending physician will determine the actual percentage applicable to each burn. Benefits payable for all such burns will not exceed 100% of the Principal Sum.

Cosmetic Burn Schedule

Body Part	Area Classification Factor	Maximum Allowable % for Body Surface Burned	Maximum % of Principal Sum Payable
Face, Neck, Head	11	9.0%	99.9%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg - below knee	3	9.0%	27.0%

In the event benefits are payable under this section and the sections entitled "Specific Loss Accident Indemnity" or "Permanent Total Disability", the total benefits payable will not exceed 100% of the Principal Sum (or 200% for Paralysis).

Day Care

In the event accidental Loss of Life is sustained by an Insured Member and indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will pay the lesser of the following amounts for any dependent child who, on the date of or within 365 days of the insured member's death, is enrolled in a legally licensed Day-Care Centre. The dependent child must be an insured member's dependent and under age 13:

- (1) five percent (5%) of the Insured Member's Principal Sum; or
- (2) five thousand dollars (\$5,000) per year for each year up to four consecutive years such child remains enrolled in a legally licensed Day-Care Centre.

Educational Benefit

In the event accidental Loss of Life is sustained by an Insured Member and indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will:

1. Pay the lesser of the following amounts to or on behalf for each of the Dependent Children who, at the date of accident, or within 365 days of the insured member's death, was enrolled as a full-time student in any institution of higher learning beyond the twelve (12) grade level:
 - (a) five percent (5%) of the Insured Member's Principal Sum; or
 - (b) five thousand dollars (\$5,000) per school year for a maximum of four consecutive annual payments provided such child remains enrolled as a full-time student in an institution of higher learning .

For the purposes of the Day Care benefit or the educational benefit, should there be no eligible dependent child at the time of loss of life of an Insured Member, the underwriter shall pay to the Insured Member's beneficiary an additional \$2,500.

2. Pay to or on behalf of the surviving Spouse the actual cost incurred within thirty-six (36) months from the date of death of the Insured Member as payment for any professional or trades training program in which such Spouse has enrolled for the purpose of an independent source of support and maintenance, but not to exceed a maximum total payment of twenty thousand dollars (\$20,000).

Escalation Benefit

The principal sum of each Insured Member shall increase at the completion of each year of continuous enrolment by adding 3% of the Insured Person's original principal sum on each person's anniversary date after the Insured Member is enrolled in the program, for a maximum increase of 15%. This increase shall not require an increase in the amount of premium paid by the Insured Member.

Extension of Family Benefit

If the member has elected the Family Plan and as a result of the member's accidental loss of life, and a payment is made under the "Loss Schedule", then the insured spouse's and/or insured dependent children's coverage is continued for a period of six (6) months with no further payment of premiums. If during that six (6) month period the insured spouse and/or dependent children suffers accidental loss of life, the benefit is paid to the estate. Any other benefits payable (which include those payable for insured dependent children) are payable to the insured spouse.

Family Transportation

When an insured incurs an injury (not loss of life) which results in the underwriter making a payment under the "Loss Schedule", and such insured is confined in a hospital located more than 100 kilometres from the insured's normal place of residence for a period of at least four (4) days of continuous hospitalization which begins within twenty-four (24) hours following the date of the accident, within 365 days of the accident, is under the regular care and attendance of a physician and requires the personal attendance of a member of the immediate family as recommended by the attending physician, payment is made for the reasonable expenses actually incurred by the family member for transportation to the insured's bedside by the most direct route by a licensed common carrier, not to exceed \$10,000 as stated in the "Schedule of Benefits".

Funeral Expense

When injuries covered by this policy result in accidental loss of life of an Insured Person, the underwriter will pay the actual expense incurred for preparing the deceased for burial and funeral expenses subject to a maximum of \$5,000.

Home Alteration and Vehicle Modification Benefit

In the event an Insured Person sustains an injury which results in a Loss of Both Feet or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity is payable in accordance with the terms of this policy, and he/she subsequently requires the use of a wheelchair to be ambulatory, the underwriter will pay upon presentation of proof of payment:

- (a) the one-time cost of alterations to the Insured Person's principal residence; and
- (b) the one-time cost of modifications to one (1) motor vehicle, utilized by the Insured Person.

Benefits payments herein will not be paid unless:

- (1) home alterations are made on behalf of the Insured Person and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (2) vehicle modifications are made on behalf of the Insured Person and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items (a) and (b) combined will not exceed twenty thousand dollars (\$20,000).

Homemaker Weekly Indemnity

When the Insured's spouse who is neither gainfully employed nor receiving Employment Insurance benefits suffers an injury, for which a benefit becomes payable under the Loss Schedule, and, as a result of such injury and commencing within thirty (30) days from the date of the accident, becomes wholly and continuously disabled and prevented from performing any and all of the regular household and/or child-caring duties, the underwriter will pay, from the first day of such disability, the Homemaker Weekly Indemnity, in the amount of \$150 per week, for the duration the spouse is so disabled and under the "Regular Care and Attendance" of a physician, other than himself/herself not to exceed twenty-six (26) weeks of payment as the result of any one accident. This benefit is applicable only to age 65.

Identification Benefit

In the event accidental Loss of Life is sustained by an Insured Person, whose body required identification, and subsequently indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will pay the reasonable and necessary expenses actually incurred by a member of the Immediate Family for:

- (1) lodging and board while en route and/or during the stay in the city or town where the body is located (not to exceed a maximum duration of three (3) consecutive nights);
- (2) transportation by the most direct route to such location;

provided the body is located not less than one hundred and fifty (150) kilometers from the said family member's normal place of residence and the identification of the body is requested by the police or a similar law enforcement agency having authority over such matters.

Payment will not be made for ordinary living, travelling or clothing expenses, other than stated above. If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$0.35) per kilometer travelled.

The maximum amount payable under this section will not exceed in the aggregate the amount of fifteen thousand dollars (\$15,000).

Any benefits remaining upon death of the Insured Member will be paid to the designated beneficiary.

In Hospital Indemnity Benefit

If a covered accident requires that the insured be hospitalized for more than four (4) consecutive days, the underwriter will pay a benefit equal to $\frac{1}{30}$ of 1% of the principal sum for each day of continuous hospital confinement retroactive to the first day of hospital confinement.

This benefit is limited to the monthly amount stated in the "Schedule of Benefits" and is payable for a maximum period of twelve (12) months as a result of any covered accident. Successive periods of hospital confinement for loss from the same accident, separated by a period of less than three (3) months, will be considered as one period of hospital confinement. Coverage is limited to those under age 70.

Permanent and Total Disability

When, as a result of injury and commencing within 365 days of the date of the accident, an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he/she is reasonably qualified by reason of his/her education, training or experience, the underwriter will pay, provided such disability has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under the Accidental Death and Dismemberment Indemnity Coverage of the policy as the result of the same accident. To be eligible, the injured person has to be actively and gainfully employed on a full-time basis and under age 65 at the time of the accident. The benefit is not applicable to retired members.

Rehabilitation Benefit

In the event an Insured Person sustains an injury which results in a Loss payable in accordance with the terms of this policy, the underwriter will pay, within three (3) years from the date of the accident, the reasonable and necessary expenses actually incurred for special training in order to become specifically qualified in an occupation for which he/she would not otherwise have sufficient qualifications.

Payment by the underwriter for all such expenses will not exceed twenty thousand dollars (\$20,000) as the result of any one accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Repatriation Benefit

In the event accidental Loss of Life is sustained by an Insured Person, within three hundred and sixty-five (365) days of the date of the accident, not less than fifty kilometers (50 km) from the Insured Person's normal place

of residence and indemnity for such Loss becomes payable in accordance with the terms of this policy, the underwriter will pay the actual expenses incurred for preparing the deceased for burial or cremation and shipment of the body to the city of residence of the deceased but not to exceed the amount of twenty thousand dollars (\$20,000).

Seat Belt

Benefits under the policy shall be increased by 25% for a covered accident if the insured person's injury or death results while he/she is a passenger or driver of a private passenger type automobile and his/her seat belt is properly fastened, to a combined maximum of \$25,000 under all policies. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

Workplace Modification and Accomodation

In the event an Insured Member sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy and such Insured Member requires special adaptive equipment and/or workplace modification in order to reasonably accommodate his/her return to active full-time work with the current Employer, the Insurer will pay the reasonable and necessary expenses actually incurred by the Employer provided:

1. The Employer agrees in writing to provide the special adaptive equipment and/or make modifications to the workplace for the purpose of making it accessible and adaptable to the needs of such Insured Member.
2. The Employer acknowledges in writing that the performance of the essential duties of such Insured Member's job may be altered.
3. The proposed special adaptive equipment and/or workplace modification must have prior written approval by the Insurer.
4. The Insurer has the right to examine the Insured Member to evaluate the appropriateness of the proposed modifications.

The benefit will be paid to the Employer upon the Insured Member's return to active full-time work with the Employer and the Insurer has been provided with written proof of the expenses incurred. The benefit is not payable if the Employer does not incur any cost in providing the special adaptive equipment and/or the workplace modification.

Payment by the Insurer for the total of all expenses incurred by the Employer will not exceed ten thousand dollars (\$10,000) as a result of any one (1) Accident.

EXCLUSIONS

The policy does not cover any loss, fatal or non-fatal, caused or contributed to by suicide or intentionally self-inflicted injury; war, whether declared or not; participation in a riot, insurrection, civil commotion or disturbance; active full-time, part-time, or temporary service in the armed forces of any country; riding as a passenger or otherwise in any vehicle or device for aerial navigation other than as provided in the section entitled "Aircraft Coverage"; medical treatment or surgery, except if the medical treatment or surgery was needed because of an accident.

CLAIM PROCEDURES

To make a claim, the insured or insured's beneficiary should notify the Plan Administrator, Johnson Inc., immediately after the accident. The Plan Administrator, Johnson Inc., must provide written notice of claim to the underwriter [within thirty (30) days from the date of the accident] and written proof of loss must be submitted to the underwriter within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

In the event of accidental death, the Accidental Death benefit shall be payable to the beneficiary(ies) designated by the insured on the most recent enrollment form, or to the estate if no such designation is made. Any other benefits payable (which include those payable for the insured spouse and/or insured dependent children) are paid to the insured member. Those benefits described in the "Loss Schedule" are paid as a percentage of the amount of insurance.

CONVERSION OPTION

On the date of termination of employment or during the thirty-one (31) day period following termination of employment, the Insured Member may change their insurance to the underwriter's individual insurance policy. The individual policy will be effective either as of the date the application is received by the Insurance Company or on the date that coverage under this policy ceases, whichever occurs later. The premium on the individual policy shall be at the underwriter's then customary rates in force for the insured member's attained age at the date of conversion. Application for an individual policy may be made at any office of the underwriter. The amount of insurance that may be converted, will not exceed the amount of insurance then in effect on the date of termination and not to exceed a total aggregate of \$500,000 for all such conversions with the AD&D underwriter.

TERMINATION OF INSURANCE

Insurance for the insured person will cease on the earliest of the following events:

1. Termination of employment, other than retirement under the provisions of the eligibility guidelines.
2. On the date of death.
3. On the day the insured person enters the armed forces of any country on a full-time basis.
4. Termination of the Policy or eligibility of coverage.
5. On the date the insured person no longer pays the required premium towards the cost of insurance, where applicable.
6. On the date the insured person reaches age 75.
7. For substitute teachers, on November 30th of the following school year if, during the preceding three months, the substitute teacher has not taught at least one day, and has not taught at least 10 days in the previous school year.
8. For private school teachers, coverage terminates upon termination of the teaching contract.

HEALTH - OPTION B

Current Underwriter (2007) - Desjardins Financial Security Policy Number 140834

ELIGIBILITY

Subject to eligibility guidelines, all NLTA members and employees residing in Canada are eligible to participate in this plan. Spouses and eligible dependent children residing in Canada are also eligible to be insured under this plan option.

If a member is initially insured for single coverage only, and later acquires a dependent, their dependent will be enrolled in the plan without medical evidence, providing the Plan Administrator, Johnson Inc., is notified within 31 days of the date of eligibility for family coverage.

Coverage may continue for the surviving spouse and eligible dependent children after the death of the insured member, provided the spouse and children were insured at the time of the member's death. Arrangement must be made to continue to pay the required premium, and dependents continue to satisfy the eligibility requirements.

If a member is covered under a spousal health care plan, the member is not required to maintain the Health Care coverage under this Plan. However, if coverage under a spouse's plan should terminate, the member must notify the Plan Administrator, Johnson Inc., within 31 days to resume coverage without submitting application with evidence of insurability.

If the member notifies the Plan Administrator, Johnson Inc., after the 31 day period they will be required to submit evidence of medical insurability for themselves and their dependents. Coverage will become effective on the date the underwriter approves such evidence.

Any NLTA member/employee may choose to remove him/herself from this plan by contacting the Plan Administrator, Johnson Inc., to complete an Opt-out Form. Subsequent to opting out or allowing coverage to lapse or terminate, should a member wish to rejoin this plan, an application for coverage with evidence of medical insurability for the member and their dependents will be required.

SCHEDULE OF BENEFITS

Eligible Expenses

Eligible expenses must be reasonable and customary and recommended as medically necessary by a physician (except for paramedical expenses listed under #9 on page 48). Payment will be based on reasonable and customary charges in the area in which the treatment is rendered.

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The following is a summary of the items currently eligible for payment under this Group Plan. However, should the Provincial Health Plan alter to include any of these items, coverage under this Plan will automatically adjust in accordance with the approved legislation. Eligible expenses shall not include expenses incurred for any services, treatments and supplies which are not specifically listed in the Eligible Expenses Clause of the Master Policy.

In order to avoid unnecessary out-of-pocket expenses, members should consult the Plan Administrator, Johnson Inc., prior to incurring any expense.

Prescription Drugs

The member pays the pharmacy dispensing fee plus the pharmacy markup for eligible drugs. The plan pays for 100% of the ingredient cost of eligible drugs, subject to policy maximums as follows;

- Coverage is limited to drugs which legally require a written prescription in order to be dispensed including seras, injectables and oral contraceptives. Prescription by law smoking cessation drugs are subject to a maximum lifetime payment of \$500 per insured member.
- Drugs used in the treatment of sexual dysfunction are subject to a maximum of \$500 per person per calendar year. Fertility drugs are subject to a lifetime maximum of \$15,000 per insured member.
- Whenever an interchangeable generic product is available, but not dispensed, eligible expenses shall be limited to the cost of the lowest priced generic substitute.
- Life sustaining drugs of a non-prescription nature when prescribed by a physician or dentist, and dispensed by a pharmacist, physician or dentist may be eligible for coverage.
- Drugs and medically required supplies of a non-prescription nature required as a result of a colostomy and/or for the treatment of cystic fibrosis, diabetes and parkinsonism may be eligible for coverage.

Hospital Benefit

If a member or eligible dependent is confined to a licensed hospital and requests semi-private or private accommodation, coverage is limited to payment of 50% of the hospital's charge for a semi-private room (i.e. 50% of the difference between the ward rate and the semi-private room rate). Charges for any portion of the cost of ward accommodation, utilization or co-payment fees, or similar charges are not eligible.

Major Medical

The plan pays 80% of eligible expenses subject to certain restrictions and limitations.

1. Transportation when recommended by a medical doctor to and from the nearest medical or surgical specialist, or to and from the nearest hospital for special hospital services is subject to a ground transportation deductible of 500 kilometers per calendar year for each insured member. If transportation is in a private automobile, the eligible expense will be \$0.15 per kilometre. Payment is based on the lowest cost transportation available. The maximum transportation benefit is \$600 per insured person per calendar year. The cost for transportation outside Newfoundland and Labrador will only be considered if the treatment is not available in Newfoundland and Labrador. The patient must be referred by a specialist in Newfoundland and Labrador, who would have to give reason for such referral. Transportation must originate in the Province of Newfoundland and Labrador.
2. Diagnostic procedures, radiology, radium, administration of anaesthetics, blood transfusions including supply of plasma and blood and oxygen (including the equipment necessary for its administration).
3. With a written prescription, the purchase of trusses, braces, crutches, canes, walkers and artificial limbs or eyes, and up to a maximum payment of \$50 per calendar year for elastic support stockings. This benefit includes orthopaedic shoes that are part of a brace provided they are on a written prescription. If the orthopaedic shoes do not form part of a brace, the benefit percentage is limited to 50% to a maximum payment of \$100 per calendar year.

With a written prescription, this benefit also includes custom made orthotic inserts to a maximum of two pairs every three calendar years.

4. Rental, or, at the underwriter's option, purchase of a wheelchair, hospital bed or respirator/ventilator.
5. Dental treatment for the repair of damage resulting directly from an accidental injury to natural teeth. The treatment must be rendered within six (6) months following the accident, and coverage, as well as the policy, must still be in force. Payment will be made based on the amount for the least expensive procedure which will provide a professionally adequate result.
6. Professional services of a physician payable in accordance with the Newfoundland and Labrador Medical Association schedule of fees.

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7. Charges for physician services for medically necessary services outside the province, on the referral of a specialist, provided such treatment is not available in the province. For referral outside Canada, the service must not be available in Canada. The maximum payment per person per calendar year for referral treatment outside Canada is \$5,000.
8. Private duty nursing services which are deemed to be within the practice of nursing and which are provided in the patient's home by a registered nurse. Eligible expenses are subject to a maximum payment of \$10,000 per person per calendar year. Charges for the following services are not eligible:
 - a) service provided for custodial care, homemaking, duties or supervision;
 - b) service performed by a nursing practitioner who is an immediate family member or lives with the patient;
 - c) services performed while the patient is confined in a hospital, nursing home or similar institutions;
 - d) service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

The Plan Administrator, Johnson Inc., requires that an "Authorization Form for Registered Nurse at Home" be completed.

9. Purchase of two hearing aids per insured (one per ear) to a maximum payment of \$600 per hearing aid in any two (2) consecutive calendar years.
10. Fees of an oral surgeon other than for dental services for visits and consultations, up to a maximum payment of \$50 per visit and limited to a maximum of two (2) visits per calendar year.
11. Purchase of Transcutaneous Nerve Stimulators.
12. Bandages, gauzes, incontinent pads and mattress pads, on the written prescription of a physician.
13. Wigs or hairpieces required as a result of medical treatment or injury up to a maximum payment of \$1,000 per person in any five (5) consecutive calendar years.
14. Water purification system and valve used in connection with a dialysis machine.
15. Ambulance services when medically required.

16. Professional services of the following licensed, certified or registered paramedical practitioners (when operating within their recognized fields) up to the levels specified in the following chart:

Practitioner	Total yearly maximum payable per person
Psychologist/ Registered Social Worker	\$400
Speech Therapist	\$400
Acupuncturist	\$400
Podiatrist*	\$400
Osteopath**	\$400
Naturopath	\$400
Masseur	\$400
Chiropractor**	\$400
Physiotherapist	\$400
<p>*Also eligible is a payment of up to \$100 for the surgical removal of toe nails or the excision of plantar warts.</p> <p>**Also eligible is up to \$15 for one x-ray annually.</p> <p>***Under some circumstances, benefits may not be payable until the government plan concerned has paid its yearly maximum.</p>	

Vision Care

17. Purchasing and fitting of prescription glasses, as well as repairs, or elective laser vision correction procedure, including contact lenses and prescription sunglasses, reimbursed at 80% to a maximum payment of \$125 in any three (3) consecutive calendar years for adults, and once in any calendar year for eligible dependents under age 18, only with a prescription change, which has been recommended by an optometrist or ophthalmologist.

However, if special eye glasses are required due to eye surgery performed while insured, up to \$150 during a lifetime will be paid for frames, lenses and the fitting of prescription glasses.

18. Contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus or aphasia, provided vision can be

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improved to at least the 20/40 level by contact lenses (but cannot be improved to that level by regular glasses). Payment will be made up to \$250 per insured person in any two (2) consecutive calendar years.

19. Treatment of eye for accidental injury or disease.
20. Diagnostic services for suspected disease.
21. Services for visual training or remedial exercises at 50% co-insurance.
22. Eye examinations (including refraction) – one (1) per calendar year for dependent children and one in any two (2) consecutive calendar years for other persons.

EXPENSES NOT COVERED

No payment will be made for expenses resulting from:

1. Any charges or services, treatment or supplies:
 - for which there would be no charge except for the existence of insurance;
 - which are performed or provided by an immediate family member or a person who lives with the patient;
 - which are provided while confined in a hospital on an in-patient basis;
 - which are not specified as an Eligible Expense under this plan.
2. Services, treatments or supplies eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. The underwriter will only consider that amount of an eligible expense which is over and above the amount that would be payable by the government plan.
3. Intentional self-inflicted injuries or illness while sane or insane.
4. Injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot.
5. Any injury or illness for which the person is entitled to benefits under any workers' compensation act.
6. Travel for health reasons or periodic health examination or examinations required for a third party.

7. Cosmetic surgery or treatment (when so classified by the underwriter) unless such surgery or treatment is for accidental injuries and commenced within 90 days of an accident.
8. Charges levied by a physician or dentist for completion of medical reports and forms, time spent travelling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication.
9. Drugs, sera, injectables and supplies which are not approved by Health and Welfare Canada (Food and Drugs) or are experimental or limited in use whether or not so approved.
10. Experimental medical procedures or treatment methods not approved by the Canadian Medical Association and the Newfoundland and Labrador Medical Association or the appropriate medical specialty society.
11. Charges for intrauterine devices and diaphragms.

CLAIMS PROCEDURES

Health Claims

The member may submit claims to the Plan Administrator, Johnson Inc., at any time up to the end of the calendar year following the year in which the expense was incurred. All claims are paid based on the date the expense was incurred.

For all Health claim benefits, when the member's insurance terminates for any reason, written proof of claim must be submitted to the Plan Administrator, Johnson Inc., within 90 days of the date of termination of insurance.

Direct Pay Drugs

A drug card is issued by the Plan Administrator, Johnson Inc., to all new members, and to any member, upon request. For drug claims incurred in Newfoundland and Labrador, an eligible member may upon presentation of the drug card, obtain drugs from a pharmacy by paying only the pharmacy dispensing fee and markup. The pharmacist will bill the Plan Administrator, Johnson Inc., for 100% of the ingredient cost of the eligible prescribed drug.

If a drug claim is not payable in the above manner, an eligible member must pay the entire purchase cost to the pharmacy and submit proof of claim to the Plan Administrator, Johnson Inc., for reimbursement of eligible expenses.

Hospital

An expense will be incurred if the member requests semi-private or private accommodation while in hospital. Upon presentation of the drug card to the hospital, the hospital will bill the Plan Administrator, Johnson Inc., for the eligible expenses covered under the Hospital Benefit. The member will be required to pay the hospital the remaining expenses not covered by the Plan.

Other Expenses

For all other expenses not payable in the above manner, you are initially required to pay the full cost. A claim form should be completed and returned to the Plan Administrator, Johnson Inc., along with the original paid in full receipt, for reimbursement of eligible expenses.

Eligible expenses shall not include expenses incurred for any services, treatments and supplies which are not specifically listed in the Eligible Expenses Clause of the Master Policy.

CO-ORDINATION OF BENEFITS

(Payment from more than one Plan)

This plan includes a Co-ordination of Benefits Provision. This provision operates in the event that the member or their dependents are covered under more than one group health plan, and ensures that while claim may be made under all plans, total reimbursement received does not exceed the actual expense incurred. If a plan does not have such a provision, that plan must be the first payer for eligible expenses covered under that plan.

When both plans include the provision, expenses should be first submitted to the plan which covers the insured as a member/employee.

For dependent children, expenses should first be submitted to the plan of the spouse whose birthday falls first in the year. Any amount not paid may then be submitted to the other spouse's plan.

When submitting claims under the second plan, any information and payment details provided by the first plan should be included.

NOTE: The co-ordination of benefits may apply to two members (spouses) who are both paying into the NLTA Plan.

TERMINATION OF INSURANCE

Insurance for the insured member and their dependents will cease on the earliest of the following events:

1. Termination of employment, other than retirement under the provisions of the eligibility guidelines.

2. On the date of death.
3. On the day the insured member enters the armed forces of any country on a full-time basis.
4. Termination of the Policy or eligibility of coverage.
5. On the date the insured member no longer pays the required premium towards the cost of insurance, where applicable.
6. For substitute teachers, on November 30th of the following school year if, during the preceding three months, the substitute teacher has not taught at least one day, and has not taught at least 10 days in the previous school year.
7. For private school teachers, coverage terminates upon termination of the teaching contract.

Benefits After Termination

If an insured is totally disabled when Hospital and Major Medical Benefits terminate, benefits for such disability will be payable, as long as the insured remains disabled, up to a maximum period of:

1. For Hospital Benefits – 90 days after termination.
2. For Major Medical Benefits – 365 days after termination.

However, coverage will terminate if the insured becomes eligible for insurance under another group plan.

Extension of the Hospital and Major Medical Benefits will cease if the Policy should terminate.

Dependent coverage may be continued after the death of a member provided the dependents were insured at the time of the member's death, and provided the dependents continue to pay the required premium and continue to satisfy the definition of dependent.

DENTAL - OPTION B2

Current Underwriter (2007) - Desjardins Financial Security Policy Number 140834

ELIGIBILITY

Subject to eligibility guidelines, all NLTA members and employees residing in Canada are eligible to participate in this plan. Spouses and eligible dependent children residing in Canada may also be insured.

If a member is initially insured for single coverage only, and later acquires a dependent, their dependent will be enrolled in the Plan without penalty, providing the Plan Administrator, Johnson Inc., is notified within 31 days of the date of eligibility for family coverage.

Coverage may continue for the surviving spouse and eligible dependent children after the death of the insured member, provided the spouse and children were insured at the time of the member's death. Arrangement must be made to continue to pay the required premium, and dependents continue to satisfy the eligibility requirements.

If a member is covered under a spousal dental plan, the member may choose to opt out of the NLTA Dental plan. Subsequent to opting out, should a member wish to rejoin the plan, application will be required. However, if coverage under the spouse's plan should terminate, the member must notify the Plan Administrator, Johnson Inc., within 31 days to resume coverage without penalty.

If the member notifies the Plan Administrator, Johnson Inc., after the 31 day period, application is required and coverage will commence on the date the application is received by the Plan Administrator, Johnson Inc., and the amount payable will be limited to \$125 for each insured person during the first 12 months the insurance is in force.

Any NLTA member/employee may choose to remove him/herself from this plan by contacting the Plan Administrator, Johnson Inc., to complete an Opt-out Form. Subsequent to opting out or allowing coverage to lapse or terminate, should a member wish to rejoin the plan, application will be required. Coverage will commence on the date the application is received by the Administrators, and the amount payable will be limited to \$125 for each insured person during the first 12 months the coverage is in force.

SCHEDULE OF BENEFITS

Eligible Expenses

Eligible expenses are those which are recommended as necessary by a physician or dentist and are based on the Newfoundland and Labrador

Dental Association Suggested Fee Guide approved by Trustees in a particular policy year. (For example, effective May 2007, dental claims are based on the 2006 Fee Guide.)

Dental treatments are considered eligible if performed by dentists or denturists who practice within the scope of their license.

There are several dental procedures which are covered by Provincial Health Plans up to certain maximums. If the dentist or dental surgeon chooses to charge more than the amount payable by the Provincial Plan, a portion of the excess charges may be eligible under this Plan.

Situations may arise where alternate methods of treatment may be available. The insured and their dentist may decide which method will be used. However, the underwriter reserves the right to use the least expensive method of treatment that will provide a professionally adequate result as the basis for determining the eligible expense. It is recommended that insured members obtain a pre-determination of eligible expenses from the Plan Administrator, Johnson Inc.

Treatment Plan

(Pre-determination of eligible expenses recommended)

A treatment plan is a plan of dental treatment (including x-rays if required) showing the patient's dental needs, a written description of the proposed treatment necessary in the professional judgement of the dentist and the cost of the proposed treatment. The insured member should submit a copy of the treatment plan to the Plan Administrator, Johnson Inc., who will provide a pre-determination of eligible expenses covered under the plan, and the amount payable by the member in excess of the plan's coverage. This treatment plan identifies coverage and limitations for specific services. It also clarifies insurance percentages, specific limits and the Dental Fee Guide allowance, before dental treatment commences. The treatment plan is not intended to limit a member in their choice of dentist or to tell the member or the dentist what treatment should be performed. The intent is to avoid any misunderstanding as to the extent of coverage.

Basic Services

Percentage Payable - 80% of Applicable Fee Guide

Expenses incurred for the following items are considered eligible expenses:

(A) Diagnostic Services

- oral examinations, once every 12 months

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- occlusal, posterior bitewing or extra-oral films, limited to 4 of each type every 12 months
 - full mouth films once every 12 months
 - single films, limited to 10 every 12 months
 - consultation required by the attending dentist
- (B) Preventative Services
- one unit of scaling and one unit of polishing, once every 12 months
 - topical fluoride treatment, once every 12 months
 - provision of space maintainers for missing primary teeth
 - provision of habit breaking appliances
- (C) Restorative Services
- amalgam, silicate, acrylic and composite restorations
- (D) Endodontic Services
- treatment of the diseases of the dental pulp (including root canal therapy)
- (E) Periodontal Services
- treatment of diseases of the gums and other supporting tissue of the teeth including:
 1. scaling not covered under preventative services and root planing up to a combined maximum of 16 units per calendar year;
 2. provisional splinting; and
 3. occlusal equilibration, up to a maximum of 8 units per calendar year.
- However, procedures for guided tissue regeneration are considered eligible only if performed in conjunction with the following periodontal surgical procedures: Flap approach or Osseous grafts - autographs or allografts, provided natural teeth are involved.
- (F) Prosthodontic Services
- relining, rebasing, and repairing an existing denture
 - repairing an existing bridge

(G) Surgical Services

- the following items required in relation to dental surgery:

1. diagnostic radiographs
2. laboratory procedures
3. general anaesthetic

- extractions (including extractions of impacted teeth)
- simple alveolectomy at the time of tooth extraction
- removal of tumours, cysts, neoplasms, plus the incision and drainage of an abscess

(H) Protective athletic appliances for the teeth, limited to 1 in every 12 months.

(I) Charges by a dentist for each extraction or each filling for children under age 13 up to a maximum payment of \$5.

MAJOR RESTORATIVE SERVICES

**Percentage Payable - 80% of Applicable Fee Guide - Annual Calendar
Maximum Payment of \$2,500**

1. Crowns, including gold and porcelain veneer restorations when other material is not suitable.
2. Onlays, when the major portion of the clinical crown is decayed, heavily filled or the cusps are fractured and cannot be restored using basic restorative services.
3. Inlays, when 3 or more surfaces are involved and the tooth cannot be restored using basic restorative materials. If only 1 or 2 tooth surfaces are involved, the inlay will be considered for reimbursement as a restorative service under Basic Services and payment will be determined based on the cost of a comparable amalgam or composite restoration.

EXPENSES NOT COVERED

No payment will be made for expenses resulting from:

1. Self-inflicted injuries or illness while sane or insane.
2. Injury resulting directly or indirectly from insurrection, war, service in the armed forces of any country or participation in a riot.
3. Any injury or illness for which the person is entitled to benefits under any workers' compensation act.

4. Examinations required for the use of a third party.
5. Charges levied by a physician or dentist for time spent travelling, broken appointments, transportation costs, room rental charges, advice given by telephone or other means of telecommunication, or the completion of dental reports and forms.
6. Cosmetic surgery or treatment (when so classified by the underwriter) unless such surgery or treatment is for accidental injuries and commenced within 90 days of an accident.
7. Services, treatments or supplies eligible under this Plan and payable under any government plan, whether or not the claimant is covered under such a plan. The underwriter will only consider that amount of an eligible expense which is over and above the amount that would be payable by the government plan.
8. The replacement of an existing dental appliance which has been lost, mislaid or stolen.
9. Dental services and supplies rendered for full-mouth reconstruction, for a vertical dimension correction, or for a correction to temporomandibular joint dysfunction.
10. Orthodontic treatment.
11. Transportation to and from the dentist or dental specialist (e.g. endodontist, periodontist, etc.)
12. Dental treatment received from a dental or medical department maintained by an employer, an association, or a labour union.
13. Restorative treatment (dentures and fixed bridges).
14. Treatment which is not generally recognized by the dental profession as an effective, appropriate, and essential form of treatment for the dental condition.
15. Implants, or any services rendered in conjunction with implants.

CLAIMS PROCEDURE

Dental Care

The member may submit claims to the Plan Administrator, Johnson Inc., at any time up to the end of the calendar year following the year in which the expense was incurred. All claims are paid based on the date the expense was incurred.

For all dental care benefits, when the member's insurance terminates for any reason, written proof of claim must be submitted to the Plan Administrator, Johnson Inc., within 90 days of the date of termination of insurance.

Claim forms are available at the dentist's office. When dental expenses are incurred, dentists must complete their portion of the form. The insured completes their portion and returns it to the Plan Administrator, Johnson Inc., for payment of eligible expenses.

CO-ORDINATION OF BENEFITS

(Payment from more than one Plan)

This Plan includes a Co-ordination of Benefits Provision. This provision operates in the event that the member or their dependents are covered under more than one group dental plan, and ensures that while claim may be made under all plans, total reimbursement received does not exceed the actual expense incurred. If a plan does not have such a provision, that plan must be the first payer for eligible expenses covered under that plan.

When both plans include the provision, expenses should be first submitted to the plan which covers the insured as a member/employee.

For dependent children, expenses should first be submitted to the Plan of the spouse whose birthday falls first in the year. Any amount not paid may then be submitted to the other spouse's plan.

When submitting claims under the second plan, information and payment details provided by the first plan should be included.

NOTE: The co-ordination of benefits may apply to two members (spouses) who are both paying into the NLTA plan.

Benefits after Termination

In most cases no dental benefits are payable for expenses incurred after the date insurance terminates, even if a treatment plan has been filed and benefits have been approved by the underwriter prior to the date insurance terminates.

However, benefits are payable:

1. Where an impression for a crown, inlay or onlay had been taken prior to the date insurance terminated and the appliance is installed after the insurance terminates. Dental expenses in connection with this procedure and incurred within 30 days after the termination of insurance are eligible.

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2. Dependent coverage ceased due to a member's death and, within 90 days following the death, a dependent of the deceased employee has dental work done which is part of a series of planned essential treatment which had begun, or for which definite dental appointments had been made prior to the member's death.

LONG TERM DISABILITY (LTD) - OPTION C

A. LONG TERM DISABILITY INSURANCE

B. LONG TERM DISABILITY WORKERS' COMPENSATION TOP UP

Current Underwriter (2007) - Manulife Financial
Policy Number GH 36349

ELIGIBILITY

Subject to eligibility guidelines, all NLTA members and employees under age 60 who have permanent or term contract positions are eligible to participate in this plan.

Substitute teachers, private school teachers and retirees are not eligible for LTD coverage. Teachers under age 40 on continuing or term/replacement contracts are automatically enrolled when they commence teaching. No application is necessary at that time.

Any NLTA member/employee may choose to remove him/herself from this plan by contacting the Plan Administrator, Johnson Inc., to complete an Opt-out Form. Subsequent to opting out or allowing coverage to lapse or terminate, should a teacher wish to rejoin this plan, an application for coverage with evidence of medical insurability will be required.

EFFECTIVE DATE OF COVERAGE

Upon enrolment, the effective date of coverage is the first day of active employment or date the application is approved by the underwriter, whichever date is later.

NOTE: The member must be actively at work on the effective date of coverage or coverage will not take effect until return to active employment.

TERMINATION OF COVERAGE

Your coverage will cease on the earliest of the following events:

1. Termination of employment.
2. On the day the insured dies.
3. On the day entry is made in the armed forces on a full-time basis.
4. Termination of the Policy or eligibility of coverage.
5. On the date of retirement.

6. On the date age 60 is reached, less the qualifying period where applicable.
7. On the date premiums are no longer paid.

EXTENSION OF BENEFITS

(Continuation of benefits after insurance coverage has terminated.)

If coverage terminates while an insured member is receiving benefits, the benefits will continue as long as the member qualifies under the terms and provisions of the policy, regardless of the subsequent termination of the Group Policy.

The underwriter reserves the right to require that while in receipt of LTD income, a member furnishes proof of the continuance of total disability, and submits to an examination by the underwriter's medical advisors when requested.

NOTE: Please note that benefits for Term Contract/Replacement teachers will terminate at the end of the contract period.

A. LONG TERM DISABILITY INSURANCE

Long Term Disability Insurance (formerly called Salary Continuance) is intended to protect the income of an insured member in the event that a medical disability prevents an insured member from performing the duties of their occupation beyond the expiry of paid sick leave. LTD insurance does not automatically "kick in" when an insured member's sick leave runs out. **Application must be made and detailed medical documentation provided.** To avail of the LTD benefit, a member must be totally disabled from performing their duties, and must have medical documentation, satisfying the underwriter, confirming a continual disability from the onset of sick leave. The underwriter will perform a medical adjudication as to whether benefits are, or are not, payable.

The period of benefit payment can be short term or long term depending on the medical circumstances. This plan option provides the member with the ability to insure their income, thereby protecting themselves and their family against financial disaster should the insured member become unable to earn a living due to medical disability.

DISABILITY INCOME BENEFIT

Application for benefit is necessary. The application requires completion of forms by the insured member, the school principal (immediate supervisor), and the attending physician (usually a medical specialist). Medical proof

of continuous total disability, satisfactory to the underwriter, must be submitted. The underwriter will determine eligibility for benefit based on a medical adjudication of the medical evidence.

If approved, benefit will commence after the expiration of paid sick leave, or a qualifying period of 30 calendar days, whichever is later, provided application and proof of disability is submitted within six (6) months of this qualifying period.

Waiver of Premium

Premiums must be paid during the qualifying period. However, a member does not pay premiums while receiving LTD benefits.

Benefit Level

The amount of monthly benefit is $66\frac{2}{3}\%$ of gross monthly earnings on which the member was paying premium in effect on the date benefit payments commence up to a maximum of \$8,000 per month.

The amount of benefit will be reduced so that the Long Term Disability payment plus the total income from all sources as outlined under integration of benefits does not exceed 85% of net earnings on the date of expiration of sick leave.

This benefit is not taxable since the employer does not pay any portion of the premium.

Duration of Benefit ('own occupation' versus 'any occupation')

The maximum benefit level payable for an insured member who has been deemed totally disabled from performing the duties of their normal occupation is 24 months. Thereafter, benefit can be maintained until age 60 if a medical adjudication by the underwriter confirms a total disability from any occupation for which the insured is, or may become, fitted by education, training, and/or experience.

Benefit may be continued beyond 24 months if disabled from any occupation which will pay no less than 75% of the current monthly earnings for the insured's normal occupation. The availability of such occupations, jobs, or work will not be considered in assessing the existence of an 'any occupation' disability.

Continuous medical treatment and documentation is required regularly throughout the time a member accesses Disability Insurance benefits. The member must be under the regular care of a physician and receiving treatment deemed appropriate by the underwriter. The member must also be prepared to attempt rehabilitative employment, or participate in a rehabilitation program considered appropriate by the underwriter.

If the member's job requires a government permit or license, he/she will not be considered totally disabled solely because such permit or license has been withdrawn or not renewed.

Integration of Benefits

The LTD plan is designed to ensure a reasonable level of income, but is not designed as a "Stand Alone Plan". The premium structure is based on the premise that the benefit paid will be reduced by other sources of income which a member may be eligible to access. Therefore, the plan is said to be integrated with other sources of income to which the teacher may be eligible:

1. Disability benefits payable under the Canada/Quebec Pension Plan, not including CPP /QPP dependent benefits.
2. Benefits payable under any Workers' Compensation Act.
3. Disability or retirement benefits payable under the Teachers' Pension Act or the Pension Plan for the Support Staff of Newfoundland and Labrador Teachers' Association.
4. Disability or retirement benefits under an employer sponsored retirement plan.
5. Earnings recovered through a legally enforceable course of action against some other person or corporation.
6. Any income payable from any employer.

The LTD benefit can be used to top up the other sources of income to 85% of net income.

In applying for the LTD benefit, the insured member will also be asked to sign an agreement to apply for TPP/CPP benefits or other employer sponsored disability benefits, if required by the insurance underwriter. If an insured member is approved for TPP/CPP or other employer sponsored disability benefits, the LTD monthly benefit will be adjusted accordingly. If the Pension benefits are received retroactively, then the LTD benefits will be recalculated retroactively, and the insured will be required by the underwriter to remit in full any overpayment that may occur due to this retroactive adjustment. Members should be aware that the LTD benefits are nontaxable, while the TPP/CPP employer sponsored benefits are taxable.

In the event that the insured member fails to apply for CPP or TPP or other employer sponsored disability benefits; or a disability decision from these plans has not been rendered within six (6) months from the application date, the underwriter reserves the right to commence deducting an estimate of CPP/TPP or other employer sponsored benefits from the LTD benefits.

REHABILITATION

Long Term Disability benefits are designed to be paid during periods when a member is disabled and cannot work. Often however, there will be a time when, although not yet fully recovered, a member can work at some type of job and possibly earn an income. Therefore, the insured will be encouraged to participate in a rehabilitation program developed by the underwriter's rehabilitation counsellors in consultation with the physician, employer and rehabilitation specialists. In order to participate in a rehabilitation program not developed by the underwriter, the program must be approved by the underwriter. In the case of rehabilitation, only half of these earnings will be used to reduce the monthly benefits. Rehabilitation benefits will be paid for a maximum of 24 months. If at any time the income received from rehabilitative employment equals 75% or more of the current monthly earnings for the normal occupation, benefit payments will cease.

RECURRENT DISABILITIES

If a member recovers during the qualifying period and becomes disabled again within two weeks due to the same cause, the qualifying period will be extended by the number of days during which the member ceased to be disabled. Once the member has been disabled and received benefits under this Plan, and has returned to work, a later disability will be defined as recurrent when it occurs within six (6) months after returning to active employment. A disability will be considered to be recurrent if it results from an injury or sickness which is directly related to the causes of the immediately preceding disability. Once receiving Long Term Disability benefits, any period of disability which is classified as "recurrent" will be treated as a continuation of the previous disability. An insured member will not have to re-satisfy the qualifying period, and benefits will begin again immediately.

EXCEPTIONS AND LIMITATIONS

Disability income is not payable for the following:

1. A disability caused by self-inflicted injuries or illness.
2. A disability resulting from insurrection, war, service in the armed forces of any country, or participation in a riot.
3. When an insured member is not under continuing medical supervision and treatment considered satisfactory to the underwriter.
4. Pregnancy, childbirth, or miscarriage, either as a cause or effect, except complications thereof. Complications due to pregnancy are covered. However, a member will not be able to receive benefits for any cause during the time on maternity/parental leave, or placed on

such leave by the employer in accordance with relevant government legislation, or the leave agreed upon by the teacher and the employer.

CESSATION OF BENEFIT PAYMENTS

Monthly payments will cease on the earliest of the following events:

1. The date a member is no longer totally disabled, as defined in the policy.
2. The date a member reaches age 60. However, should the qualifying period be completed after the 59th birthday but prior to the 60th birthday, the monthly payments will continue beyond age 60 until a total of twelve (12) monthly payments have been made.
3. The date a member fails to undergo, when requested by the underwriter, medical, psychiatric, psychological, educational and/or vocational examinations by examiners selected by the underwriter.
4. The date a member fails to undergo medical, psychiatric or psychological treatment or participate in a rehabilitation program for alcoholism, drug addiction or substance abuse treatment program when recommended by the underwriter.
5. The date a member is incarcerated in a prison or mental institution by authority of a criminal court.
6. The date a member refuses to complete and return a Reimbursement Agreement form or comply with the terms of a signed Reimbursement Agreement form, when requested, with respect to disability benefits payable under a public pension plan or the Teachers' Pension Act or the Pension Plan for the Support Staff of the Newfoundland and Labrador Teachers' Association, or other employer sponsored disability pension plan.
7. The date a member dies.
8. For insured members in term contract/replacement positions, the date the contract terminates.

CLAIM PROCEDURES

Claim forms are available from the Plan Administrator, Johnson Inc. The insured member will be required to complete the member portion. The immediate supervisor (i.e., principal or assistant director) must also complete a portion. The doctor must complete the Attending Physician's statement. The family physician or medical specialist must understand the

necessity of providing all and complete medical documentation, even if it means adding details for which there is no room on the form. Copies of medical history, consultation reports, chart notes and test results should also be sent. Should the medical documentation be incomplete, unnecessary delays will occur. Expenses incurred in compiling this information are the insured member's responsibility. It is the member's responsibility to ensure that all reports are completed and sent to the Plan Administrator, Johnson Inc. Claims must be submitted no later than six (6) months following the qualifying period (i.e. the expiration of sick leave or 30 calendar days, whichever is later).

It is recommended that application for benefits be made at least twelve (12) weeks prior to the end of the qualifying period (i.e., before sick leave expires).

B. LONG TERM DISABILITY WORKERS' COMPENSATION TOP-UP

WORKERS' COMPENSATION TOP-UP BENEFIT

Application for benefit is necessary. The application requires completion of forms provided by NLTA, and submitted to NLTA. The applicant must be in receipt of workers' compensation lost time benefits to qualify for the LTD - Workers' Compensation Top-Up Benefit. The NLTA Group Insurance Trustees, as policy holder, in conjunction with the insurance underwriter will determine eligibility for benefit.

If approved, the benefit will commence beginning the first day of reduced regular net income due to a lost time accident injury at work, and the benefit will be paid for a lifetime maximum period of one year (195 worked days in the case of teachers).

PREMIUM

There is no waiver of premium and insured members will continue to pay LTD premium while in receipt of the LTD - Workers' Compensation Top Up Benefit.

BENEFIT LEVEL

The amount of benefit payable is equal to the difference between the bi-weekly workers' compensation benefit as paid in accordance with the WHSCC Act and 85% of the bi-weekly Net Income, where Net Income is defined as gross bi-weekly income less income tax less CPP premium less EI premium. Such income will be pro-rated to the daily rate by dividing the respective bi-weekly net incomes by 10. This benefit is not taxable since the employer does not pay any portion of the premium.

DURATION OF BENEFIT

The maximum lifetime benefit period is one year (195 days in the case of teachers) commencing the first day of a lost time accident injury at work, or the number of work days in receipt of workers' compensation benefits, whichever is lesser.

CLAIMS PROCEDURES

Claim forms are available from the NLTA. The insured member will be required to complete the application form. It is the member's responsibility to ensure that all reports are completed and sent to the NLTA. Application must be submitted no later than six (6) months following the first day of a lost time accident injury at work, where reasonably practicable.

LONG TERM CARE - OPTION LC

Current Underwriter (2007) - Manulife Financial

INTRODUCTION

Long Term Care (LTC) is the assistance or supervision a person may require if he/she suffers a functional impairment for an extended period of time. LTC is required by people who need assistance with Activities of Daily Living (ADL) or who have Cognitive Impairment, such as Alzheimer's Disease or dementia. Activities of Daily Living are the basic tasks—eating, bathing, dressing, toileting, continence and transferring positions (moving from a bed to a chair).

Long Term Care refers to a wide range of skilled and personal care services that may be provided in one's own home or community, or care in a nursing facility.

Long Term Care insurance coverage provides assistance with the expenses for in-home or institutional care, thereby helping to relieve the impact on a person's assets and the burden of caregiving on family members.

ELIGIBILITY

Subject to eligibility guidelines, NLTA members and employees (active and retired) residing in Canada, as well as their family members (spouse, adult children and parents) between the ages of 18 and 89 are eligible to apply for coverage. Applicants may be required to provide satisfactory evidence of health to the insurance company.

PLAN DESIGN

Applicants must choose one of the following three plan design options at the time of application.

Three plan options	Daily Maximum Benefit	Maximum Lifetime Benefit
Plan A	\$50	\$50,000
Plan B	\$75	\$100,000
Plan C	\$100	\$200,000

Application forms for this benefit are available by contacting the Plan Administrator, Johnson Inc. Coverage is effective on the first of the month following underwriting approval.

The Maximum Daily Benefit that will be paid for covered services under the Schedule of Benefits will equal the lesser of the Daily Benefit amount for the plan option that the member selected or 80% of the actual charge.

ELIGIBILITY FOR BENEFITS

An insured person is eligible for benefits when:

1. He/she has been assessed by a Care Coordinator to be Chronically Ill: is unable to perform at least two (2) Activities of Daily Living without Hands-On or Stand-By Assistance from another person; or requires Substantial Supervision to be protected from health or safety threats due to Severe Cognitive Impairment.
2. The insured person receives long-term care that is included in a Plan of Care; and
3. The insured person has satisfied the elimination period.

ELIMINATION PERIOD

The elimination period is the number of days an insured member receives covered services before the commencement of benefits. Benefit payments will commence once the insured has received covered services recommended in the Plan of Care for 30 days. The 30 day elimination period does not apply to Respite or Hospice/Palliative Care.

SCHEDULE OF BENEFITS

The insurance pays the lesser of the maximum Daily Benefit or 80% of the actual charge subject to the Maximum Lifetime Benefit for the following covered services in a Plan of Care approved by the Care Coordinator.

1. Home Care and Home Health Care
2. Nursing Facility Care
3. Assisted Living Facility Care
4. Home Support
5. Hospice/Palliative Care
6. Adult Day Care
7. Respite Care (up to 14 days per calendar year)

ADDITIONAL BENEFITS

- Caregiver Training Benefit – maximum of \$500 over the duration of the contract for a pre-approved training course included in the Plan of Care.
- Durable Medical Equipment Benefit – maximum of \$1,200 over the duration of the contract for equipment included in the Plan of Care.
- Emergency Response System Benefit – \$75 per month up to a maximum duration of 12 months for a system included in the Plan of Care.

The additional benefits are not subject to daily or lifetime benefit maximums.

ADDITIONAL POLICY FEATURES

- Care Coordinator – verifies chronic illness and develops a Plan of Care.
- Inflation Protection – increases Daily Benefit amounts and Maximum Lifetime Benefit, less any claims paid, at the rate of 5% compounded on every 5th anniversary of the Policy Effective Date.
- Waiver of Premium – premiums waived after receiving 90 days of covered services during a Period of Care.
- Couple/Family Discount – 10% reduction in monthly premiums if both NLTA member and another family member in same household purchase coverage under this plan.

CLAIM PROCEDURES

If an insured person is believed to be Chronically Ill, contact the Plan Administrator, Johnson Inc., who will arrange to contract a Care Coordinator to begin the Assessment of the need for Long Term Care.

EXCLUSIONS

The Policy will not pay benefits for confinement, care, treatment, or service(s):

1. due to the treatment of alcoholism or drug addiction, or in facilities operated primarily for such treatment;
2. that results from illness, treatment, or medical condition arising out of any of the following:
 - a) war (whether declared or not) or any act of war;
 - b) participation in a felony, riot, or insurrection;
 - c) service in the armed forces or units auxiliary thereto; or
 - d) suicide, (sane or insane), attempted suicide or intentionally self-inflicted injury;
3. provided in a government facility (unless otherwise required by law);
4. provided by a member of the Immediate Family, unless: (a) he or she is a regular employee of an organization which is providing the treatment, service or care; (b) the organization received the payment for the service; and (c) he or she receives the normal compensation for employees in his or her job category;
5. for which benefit payments are available or paid under another long-term care insurance or health insurance policy (plan will supplement, but not duplicate benefits);

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6. for which benefits are reimbursable under a federal or provincial health care program, any workers' compensation, employer's liability or occupational disease law, or any no-fault motor vehicle law;
7. for which no charge is normally made in the absence of insurance;
8. not included in the Plan of Care; or
9. provided outside of Canada, the United States, its possessions or territories.

TERMINATION OF BENEFITS

Benefits will cease on the earliest of:

- the date the Maximum Lifetime Benefit is exhausted;
- the date the Plan of Care ends;
- the date the Period of Care ends; or
- the date the Policy terminates.

TERMINATION OF COVERAGE

Coverage under this Policy will cease on the earliest of:

- the date of the expiration of the Grace Period, if the insured fails to make the required Premium payment prior to the expiration of the Grace Period;
- the date of death;
- the date the Maximum Lifetime Benefit is exhausted; or
- the date the underwriter receives written notice of termination from the insured described under the "Termination by Insured" provision. Any Unearned Premium will be returned upon receipt of such notice.

Insurance will not be cancelled, non-renewed, or otherwise terminated by the underwriter on the grounds of age or the deterioration of mental or physical health or for any other reason, except as provided in this section.

DISCLAIMER

This booklet is not a valid contract. The full description is included in the policy. Possession of this booklet does not necessarily represent entitlement to benefits under any of the Plans described within.

MEDOC TRAVEL INSURANCE PLAN – OPTION T

Current Underwriter (2007) - Royal & Sun Alliance Insurance Company of Canada

INTRODUCTION

The Provincial Health Insurance Plan provides basic coverage for hospital and physician services at Newfoundland and Labrador rates while a member travels outside their province of residence. However, hospital and physician charges in foreign countries typically are far in excess of the coverage under the provincial plan. NLTA Group Insurance Trustees advise that medical insurance for travel outside of Canada is essential.

The MEDOC Plan available through the NLTA program covers reasonable and customary expenses, in excess of any medical expenses payable by the Government Health Insurance Plan or any other insurance plan, for treatment medically required during a trip as a result of an emergency. Refer to your policy for eligible expenses.

Immediate contact with Global Excel Management is necessary to ensure any eligible expenses are covered. At the first onset of symptoms of a medical emergency and before medical attention is sought, the insured must contact the MEDOC Claims Assistance Centre. However, if the insured is unable to do so because he/she is medically incapacitated, someone else must contact Global Excel Management as soon as is reasonably possible. If Global Excel Management is not contacted for a referral, or the choice is made not to receive treatment from the referred physician/hospital, eligible expenses will be reimbursed at 70% based on reasonable and customary charges.

IMPORTANT: Benefits and services eligible for payment under this policy must be pre-approved and arranged in advance by Global Excel Management.

ELIGIBILITY

Subject to eligibility guidelines, NLTA members and employees residing in Canada and insured under the Provincial Health Insurance Plan in their province of residence are eligible to participate in this plan. Spouses and eligible dependent children are also eligible to be insured under this plan option.

Medical Stability Clause - Applies to all insureds under all health plans

This insurance will not pay for any expenses incurred directly or indirectly as a result of:

1. A medical condition or related condition, if in the ninety (90) days

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- before the day of departure for medical, non-medical or trip interruption, or day of booking for trip cancellation benefits, the insured's medical condition or related condition has not been stable.
2. A heart condition, if in the ninety (90) days before the day of departure for medical, non-medical or trip interruption, or day of booking for trip cancellation benefits:
 - a) any heart condition has not been stable; or
 - b) the insured has taken nitroglycerin more than once per week specifically for the relief of angina pain, for any heart condition.
 3. A lung condition, if in the ninety (90) days before the day of departure for medical, non-medical, or trip interruption, or day of booking for trip cancellation for benefits:
 - a) any lung condition has not been stable; or
 - b) the insured has been treated with home oxygen or taken oral steroids (prednisone or prednisoleone) for any lung condition.

COVERAGE

Application forms for this benefit are available by contacting the Plan Administrator, Johnson Inc. Coverage under the annual Base Plan is effective on the date the completed application form is received by the Plan Administrator, Johnson Inc. Coverage under the Supplemental Plan commences on the first day of travel.

In order for trip cancellation insurance to be in effect, the MEDOC Plan must be purchased within five (5) business days of booking your trip, or making a deposit or full payment for your trip, or prior to any cancellation penalties being charged for that trip.

Written confirmation of coverage, a certificate of insurance, and a Claims Card with the toll-free number of the MEDOC Claims Assistance Centre will be provided.

PLAN DESIGN

Base Plan

The Base Plan is a plan that provides emergency medical coverage for an unlimited number of trips per year, up to a maximum of 35 days duration for each trip. Proof of departure from the province or territory of residence is required if a claim occurs.

The insured can apply for the Optimum Health Option or the Preferred Health Option under the Base Plan, as outlined on the application form.

Supplemental Plan

The insured may elect coverage under the MEDOC Supplemental Plan for trips longer than 35 days, to a maximum of 212 days. The insured can apply for the Optimum Health Option or Preferred Health Option under the Supplemental Plan.

This plan provides coverage for a single trip occurring between the effective date and the trip termination date as noted on the application form or as subsequently advised to, and confirmed by the Plan Administrator, Johnson Inc.

The Supplemental Plan includes Base Plan coverage. Do not add the two together.

Trip Cancellation, Interruption & Delay - up to maximum \$8,000 per insured person, per trip available if the insured, the insured's immediate or extended family member, close business associate or travelling companion suffers a medical emergency before or during the scheduled trip. This only applies to trips booked prior to your day of departure from your province or territory of residence.

COVERED EXPENSES

Covered expenses are in Canadian currency and include:

- Emergency medical expenses for hospital, physician, surgical and medical treatment, drugs and medication, x-rays, and nursing services up to the amounts specified and a maximum aggregate of \$5,000,000 per insured, per sickness or injury.
- Air emergency transportation or evacuation.
- Transportation of a family member to the bedside.
- Return of vehicle up to a maximum of \$3,000.
- Return of minor dependent child with escort.
- Additional expenses for meals and accommodation up to \$150 per day, maximum \$1,500.
- Repatriation or Burial at place of death up to a maximum of \$5,000.
- Pet return up to a maximum of \$500.
- Emergency dental up to a maximum of \$5,000.

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- Emergency relief of dental pain up to a maximum of \$300.
- Incidental hospital expenses up to a maximum of \$250.

All expenses must be approved and arranged in advance by contacting Global Excel Management at the MEDOC Claims Assistance Centre.

PREMIUM INFORMATION

- The premiums are annual – for a one year period – from September 1 to August 31, but are paid in monthly installments.
- Base Plan premiums are pro-rated in the first year only from the date coverage begins until the policy renewal date, each year on September 1st. Base Plan premiums are non-refundable and non-cancellable until the policy renewal date.
- If the insured purchased the Supplemental Plan and returned home early he/she may request a refund for unused units of coverage providing the insured and/or their dependents have made no claim. Proof of early return is required.
- If the insured cancels their Supplemental Plan prior to their date of departure, the insured must pay the Base Plan premium for the remainder of the year.
- For premium rates, contact the Plan Administrator, Johnson Inc.

The insured will receive written notification of the renewal in advance of the September 1st renewal date. Coverage will continue at renewal for the next policy year, unless written notice of termination is proved by the insured to the Plan Administrator, Johnson Inc. within sixty (60) days from the first premium deduction for that policy year.

LIMITATIONS AND EXCLUSIONS

The plan does not cover or pay for expenses resulting from:

- any medical condition if any of the answers provided in the Health Option Questionnaire are not accurate.
- any treatment that is not emergency treatment.
- an emergency and/or event which requires the insured to submit a claim while the coverage is not in force.
- the continued treatment, recurrence, investigation or complications of a medical condition following emergency treatment for that medical condition during a trip if the medical advisors of the MEDOC Claims

Assistance Centre determine the insured was medically able to return to their province or territory of residence and chose not to return. After receiving emergency treatment for a medical condition, this insurance will not cover that medical condition, or related condition, for any other trips within ninety (90) days following the emergency treatment, including trips within the Base Plan period.

- treatment of any heart or lung condition following emergency treatment for any related or unrelated heart or lung condition, during the trip, if the medical advisors of the MEDOC Claims Assistance Centre determine the insured was medically able to return to their province of residence and chose not to return. After receiving emergency treatment for any heart or lung condition, this insurance will not cover any heart or lung condition for any trips within ninety (90) days following the emergency treatment, including trips within the Base Plan period.
- any medical condition for which, prior to your day of departure:
 - the insured was awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities;
 - future investigation, consultation with another physician, treatment or surgery (except routine monitoring) recommended by a physician or planned before the trip.
- the following:
 - routine pre-natal care;
 - any medical treatment, relating to pregnancy or childbirth, occurring within nine (9) weeks before or after the expected date of delivery; or
 - childbirth occurring within nine (9) weeks before or after the expected date of delivery; or
 - any child born during the trip.
- invasive testing or surgery (including cardiac catheterization, angioplasty, and MRI) unless pre-approved by the MEDOC Claims Assistance Centre.
- any emergency transplants including, but not limited to, organ transplants and bone marrow transplants.
- participation as a professional athlete in sports, participation as a professional in underwater activities, scuba diving as an amateur

unless the insured holds a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.

- committing or attempting to commit a criminal offence.
- intentional self-injury, suicide or attempted suicide (whether sane or insane).
- substance abuse including medication, drug or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment.
- chronic use of alcohol or alcoholism.
- mental or emotional disorders, other than acute psychoses, unless admitted to hospital.
- trip cancellation or trip interruption/delay when the insured is aware, on the effective date, of any reason that might reasonably prevent them from travelling as booked.
- war (declared or not), act of foreign enemies or rebellion.
- any claim that arises directly or indirectly, in whole or in part, out of terrorism or out of any activity or decision of a government agency or other entity to prevent, respond to or terminate terrorism. This exclusion applies regardless of any other contributing or aggravating cause or event that contributes concurrently or in any sequence to the claim.
- any portion of the benefits that require prior authorization and arrangement by Global Excel Management if such benefits were not pre-authorized and arranged by Global Excel Management.
- expenses incurred for any medical condition or related condition that arises during a trip undertaken with the knowledge acquired prior to departure, that the insured will require or seek treatment or surgery for that medical condition or related condition, whether or not recommended by a physician.
- treatment or surgery for a specific medical condition, or a related condition, which:
 - caused a physician to advise the insured not to travel; or
 - the insured contracted in a country during the trip when, before the date of departure, the Department of Foreign Affairs and International Trade of the Canadian government has issued an advisory not to travel within that country.

- eye glasses, contact lenses, hearing aids or prescriptions for the same.
- air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire.
- when riding as a passenger on a common carrier which is not licensed for the transportation of passengers for compensation or hire.
- active participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power, or any service in the armed forces.

The terms of the Individual Policy as provided by the Plan Administrator, Johnson Inc., apply if any discrepancy exists between the policy and this booklet.

VOLUNTARY AUTOMOBILE & HOME INSURANCE

Auto & Home Insurance options are available to MEMBERS and their spouses through Johnson Inc. Insurance subject to certain eligibility requirements. The following information is meant to provide a summary; please check your own specific plan or call your Service Supervisor for further details.

Disability Waiver of Premium

In addition to “standard” coverages and endorsements, MEMBERS will have their home and auto premiums reimbursed for up to six (6) months if they are unable to work for more than thirty (30) consecutive days.

AIR MILES® reward miles

Johnson Inc. now offers AIR MILES® reward miles! You can earn one (1) AIR MILES® reward mile for every \$20 in premium paid (including taxes) on your home and/or auto insurance through Unifund Assurance Company.

PS-PLAN ADVANTAGES

Members are also awarded valuable service advantages at no additional cost. The “Preferred Service Plan” (PS) for home or auto insurance offers competitive rates and is available through and administered by Johnson Inc. Insurance premiums are paid through PAYROLL deduction with no down payment, interest or service charges.

Several PS-Plan Advantages:

- “Members Only” Website
- No Interest or Service Charges
- 24-Hour Customer Policy and Claim Service
- Automatic Renewal

Johnson Inc. is also pleased to be able to offer you the advantage of an extensive Branch Network across the province (please see below for a branch near you.)

Branch Locations

St. John’s	Mount Pearl	Carbonear	Whitbourne
Argyle Building	Clarenville	Marystown	Gander
MUN	Grand Falls	Corner Brook	Stephenville
Port aux Basques			

Or call toll-free for a Quote: 1-800-563-0677

AUTOMOBILE INSURANCE – OPTION D

Current Underwriter - Unifund Assurance

Premiums are based on such things as your number of years licensed, claims and accident history, type and age of vehicle, where/how vehicle is used, and amount of coverage required. Discounts to your premium may be available.

The following valuable benefits are available to you as a Unifund Assurance Company auto policyholder (excluding Facility policies.)

PS-AUTO PLUS PLAN

The **PS-Auto Plus** option of the Preferred Service Plan provides, at a low monthly premium, extra insurance benefits including:

- **Depreciation Addback** – amount of depreciation applicable to the preceding 24 months will be added back to a claim on a vehicle you own;
- **Waiver of Deductible** – if damage is \$6,000 over the deductible;
- **Accidental Death Benefit (\$10,000)** – if you or your spouse are fatally injured in a private passenger vehicle while wearing a seat belt;
- **Accidental Death Benefit (\$25,000)** – if you or your spouse are fatally injured while riding on a public transport conveyance; and
- **\$1,000 Reward** – for the recovery of your stolen automobile, conviction of thief, vandal or hit-and-run driver.

Other Coverage Options available include:

- **Third Party Liability** – limits from \$500,000 to \$2,000,000.
- **Accident Benefits**
- **Physical Damage Coverage** – including all perils, collision, comprehensive and specified perils coverage. Various deductibles are available.
- **Standard Endorsement Forms**
- **Accident Forgiveness** – in the event of a first at-fault accident, we'll keep your driving record intact.

Note: Some limitations and conditions apply. Full details are available from Johnson Inc.

Call toll-free 1-800-563-0677 for a quote (quotations and cost comparisons are provided without obligation.)

HOME INSURANCE – OPTION E

Current Underwriter - Unifund Assurance

Premiums are based on such things as the age and location of the home, fire protection, type of heat, and amount of coverage required. Discounts to your premium may be available.

NLTA GROUP INSURANCE PROGRAM

The following valuable benefits are available to you on your Unifund Assurance Company Homeowners, Condominiums, or Tenants policies covering your primary residence.

PS-HOME PLUS PROGRAM

The **PS-Home Plus** option of the Preferred Service Plan provides insurance benefits including:

Damage from Airborne Perils – \$10,000 providing protection against damage to your home's exterior due to such things as harmful precipitation.

Waiver of Deductible – if damage is \$6,000 over deductible, deductible is waived.

Additional Living Expenses – \$5,000 for unexpected additional costs incurred if you are officially ordered to evacuate your home.

Home Security Benefits – including rewards for recovery of stolen valuables and conviction of an arsonist or burglar.

Personal Internet or Identity Theft – to help you or your spouse with the cost involved if your identity is stolen.

PS-HOME PLUS "PLATINUM" PROGRAM

A new **PS-Home Plus Platinum** Program is available in the first quarter of 2008.

We are constantly looking for new ways to improve benefits to meet your needs. Along with the 21 PS-Home Plus Benefits, you can now receive a great new PS-Home Plus Platinum Benefit package! This plan is available at a low monthly premium or at no additional charge to our 50+ members. Some of the **PS-Home Plus Platinum** Benefits include:

Critical Illness – \$2,000 coverage for Member or Spouse, who is age 64 or less, if diagnosed with a covered Critical Illness and survives for a specific period of time following the date of diagnosis.

Single Deductible – If you have a claim involving both home and auto, you would only have to pay a single deductible, which is the lower of the two.

First Claims Forgiveness – Any Claims-Free discount will not be lost as a result of the first home claim.

Safety Deposit Box Protection – Up to \$20,000 for your personal property while stored in a Safety Deposit box at a bank or trust company for loss or damage caused by a peril insured under your policy.

Legal Assistance Hotline – Strictly confidential legal advice available in all Canadian jurisdictions at no extra cost.

Personal Property in a Nursing or other Long Term Care Home – Up to \$15,000 for the personal property of the Member, spouse or parent who lives or resides in a nursing home for loss or damage caused by an insured peril under your policy.

PS-Home Plus Platinum benefits are supplemental to your PS-Home Plus policy and subject to the underlying policy conditions. PS-Home Plus Platinum Benefits may be added, amended, or deleted at any time. For more information, please contact your Service Supervisor.

PS-50+ ASSIST PLAN

Another fantastic plan introduced in the first quarter of 2008 is our **PS-50+ Assist** Plan. It is exclusive to Johnson Inc. clients that are 50+ policyholders who insure their primary residence with Unifund Assurance Company, and if you are eligible there are no additional charges. Some of the **PS-50+ Assist** Benefits include:

Morale Assistance – Professionals can assist you during a difficult time by providing you with moral support and by referring you to appropriate organizations or services as needed.

Nursing Assistance – If you are hospitalized for a period of at least five (5) consecutive days the services of a nurse will be provided at your home, maximum period of service per hospitalization will be 25 hours spread over a maximum of five (5) consecutive days following the hospitalization.

Housekeeping – If you are hospitalized for a period of at least five (5) consecutive days, the services of a housekeeper will be provided at your home for light housekeeping duties.

Companion Services – If you are hospitalized for a period of at least five (5) consecutive days the service of a companion will be provided at your home, maximum period of service will be 30 hours spread over a maximum of three (3) consecutive days per hospitalization.

Home Repair Referral Services – If you are in need of general repairs and maintenance around the house, the service will provide you with referrals of qualified and licensed (if applicable) home repair specialists in your area.

As a Johnson PS-50+ Assist Planholder, you can call our toll-free, 24-hour, 7-day hotline phone number at 1-800-265-6500 to access your PS-50+ Assist Benefits.

PREMIER/PREMIER PLUS COVERAGE RIDERS

The Premier and Premier Plus Coverage Riders (subject to eligibility) are additional new products that allow your homeowner policy to be issued with a single overall limit of insurance. The Premier Plus Rider provides for further increased limits and additional coverages. Some examples of increased limits/additional coverage under the Premier Coverage Rider are:

- **Freezer Food** – Policy contents limits
- **Student Property** (away at school) – Policy contents limits
- **Money** – \$1,000
- **Watercraft** – \$5,000
- **TV Antennae, Satellite, etc.** – Includes damage done by hail, wind, and snow

Some examples of increased limits/additional coverages under the Premier PLUS Coverage Rider are:

- **Money** – \$2,000
- **Headstones** – \$10,000
- **Watercraft** – \$10,000
- **Tools pertaining to a Business, Profession or Occupation** – \$10,000
- **Books pertaining to a Business, Profession or Occupation** – \$25,000

Note: Some limitations and conditions apply. Full details are available from Johnson Inc.

Various Homeowners, Tenants and Condominium Policies, including all standard Policy extensions, are also available.

MEMBERS who are presently insured under these plans should contact their Service Supervisor for additional information or to make changes to their policies.

MEMBERS who do not have their auto or home insurance under these plans may wish to contact Johnson Inc. for more detailed information, (**call toll-free: 1-800-563-0677**). Quotations and cost comparisons are provided without obligation.

Home and auto insurance is available through Johnson Inc., a licensed insurance broker. Policies are primarily underwritten by Unifund Assurance Company. Unifund and Johnson Inc. share common ownership. Advantages and benefits are altered and replaced from time to time. In all matters the official wordings will prevail. Certain conditions may apply. ©Trademarks of AIR MILES International Trading B.V. Used under license by Loyalty Management Group Canada Inc. and Johnson Inc. (for Unifund Assurance Company). AIR MILES® reward miles awarded on regular home and auto insurance policies underwritten by Unifund Assurance Company. At the time the premium is paid, one AIR MILES reward mile is awarded for each \$20 in premium (including taxes). (See www.johnson.ca/nlta for details.)

DEFINITIONS

“Accident” means any unlooked for mishap or untoward event which is not expected or designed.

“Accommodation” means lodging in the vicinity of the hospital where the insured is confined.

“Coma or Comatose” comatose means being in a state of total unconsciousness from which the person can not be aroused. Such person is unresponsive to any external stimuli or internal needs and continuously requires the use of life support systems.

“Common Accident” means the same Accident or separate Accidents occurring within the same 24 hour period.

“Day-Care Centre” means a facility which is operated according to law, including laws and regulations applicable to day-care facilities and which provides care and supervision for children in a group setting on a regular basis. Day-care centre neither includes a hospital, the child’s home, care provided during normal school hours while a child is attending Grades K through 12, nor any other day-care facility which does not charge a fee for services rendered.

“Dentist” – a person who is duly licensed to practice dentistry.

“Denturist” – a person who is duly qualified to perform the services defined by the scope of his/her license. This includes any other practitioner practising under a similar license.

“Dependent Children” of the insured member means unmarried children including adopted, foster, and stepchildren who are:

- a) under 21 years of age; or
- b) under 25 years of age, unmarried, full-time students and dependent upon the insured member for maintenance and support; or
- c) mentally or physically handicapped and incapable of self-sustaining employment, and are totally dependent upon the insured member for support within the terms of the Income Tax Act of Canada.

“Disease” means any unhealthy condition of the body or any part thereof.

“Earnings” are defined as gross annual earnings including bonuses, but excluding overtime.

“Education or Training or Experience” – the employee’s formal education, training or experience and the equivalent education, training or experience he/she has obtained from his/her past or present occupation,

job or work experience; his/her hobbies, social, recreational and other activities; and all the knowledge and skills the employee has obtained from his/her total life experience.

“Evidence of Insurability” – any statement made on forms approved for such purpose by the underwriter concerning medical evidence of a person’s physical condition and/or other factual information which affects his/her acceptability for coverage.

“Hospital” – a legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

- is eligible to receive payment under a provincial health plan;
- provides organized facilities for diagnosis and major surgery;
- provides 24-hour nursing service by registered nurses, and has physician in regular attendance;
- is not primarily operated as a nursing home or a place for rest, or for the care and treatment of the aged, the blind or deaf; and
- is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, or the mentally ill, unless the institution is eligible to receive payments under the provincial hospital plan.

“Immediate Family Member” means a person at least eighteen (18) years of age, who is the spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, grandson, granddaughter, grandfather or grandmother of the Insured Person (includes natural, adopted and step relationships).

“Institute of Higher Learning” is limited to universities, colleges, CEGEP’s and trade schools.

“Injury” means bodily injury caused by an accident occurring while the policy is in force as to the insured person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, 24 hours a day, anywhere in the world, but in no event shall injury mean sickness or disease howsoever caused unless caused by an accident.

“Insured Member” means the NLTA member or employee.

“Insured Person” means both the insured member and the insured dependent.

“Insurable Earnings” – that portion of the employee’s earnings that is used to determine the amount of benefit for which he/she is covered, those earnings on which premiums are being paid.

“Medically Necessary” means broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

“Motorized Vehicle” means a passenger car, station wagon, van, jeep-type automobile or truck, ambulance or any type of motorized vehicle used by municipal, provincial, or federal police forces.

“Net Earnings” is your gross monthly salary less income tax.

“Normal Occupation” – the regular occupation, job or work (apart from any temporary assignment) an employee was performing at the time he/she became totally disabled by the condition which prevented him/her from working and led to a claim made under a policy.

“Nurse” means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. For the purpose of this definition, nurse is neither the insured nor a member of the immediate family.

“Orthodontic Treatment” – dental treatment which has as its objective the correction or malocclusion of the teeth.

“Physician” means a doctor of medicine (other than the insured or a member of the immediate family) licensed to practise medicine by: (1) a recognized medical licensing organization in the locale where the treatment is rendered, provided the doctor is a member in good standing of such licensing body; or (2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Principal Sum” means the amount you selected and which is stated on your most recently signed enrollment card on file with the Administrator.

“Proof” – written evidence which is sufficient to verify the circumstances of an event or to establish a fact which is pertinent to a person’s coverage or a claim for benefits under this policy. The evidence must be acceptable to the underwriter and received at the office designated by the underwriter on forms approved for such purpose by the underwriter.

“Qualifying Period” – an initial period of total disability before benefits become payable, as specified in the BENEFIT PLAN SUMMARY. If an employee ceases to be totally disabled during this period and then becomes totally disabled again within two (2) weeks due to the same cause, the qualifying period will be extended by the number of days during which total disability ceased.

NLTA GROUP INSURANCE PROGRAM

Sick leave credits, for the purpose of determining the qualifying period, will be:

- a) applied beginning with the date total disability commenced;
- b) based on the total number of sick leave credits accumulated and available as at the date total disability commenced; and
- c) counted on the basis that one day of sick leave credit (or any portion thereof) howsoever used, shall equal one whole day of the qualifying period.

“Rehabilitation Income” – income which the employee receives for work performed under a rehabilitation program, including self-employed activity.

“Regular Care and Attendance” – means medical treatment to the extent necessary under existing standards of medical practice for the condition causing hospital confinement.

“Residence” means the primary dwelling of which the insured is an occupant and the premises on which it is situated.

“Private School Teacher” – a certified teacher approved by the Department of Education, and teaching in a private school system (K-12) recognized and approved by the Government of Newfoundland and Labrador.

“Seat belt” means those belts that form a restraint system and includes infant and child restraint systems when properly used with a seat belt.

“Sickness” means an impairment of normal physiological function and includes illness and infections.

“Spouse” means a person who either:

- a) is married through an ecclesiastical or civil ceremony to the insured member; or
- b) although not legally married to the insured member, cohabits with the insured member in a conjugal relationship which has been recognized as such in the community in which they reside. The term “conjugal relationship” shall be deemed to include a conjugal relationship between partners of the same sex.

“Totally Disabled Retired Employee” means wholly and continuously disabled by sickness or an accidental bodily injury which prevents one from engaging in duties or activities (household or otherwise) which could be considered to be normal for a person of the same age and sex.

“Totally Disabled Employee” – during the Qualifying Period and the succeeding 24 months, an employee is totally disabled when he/she is wholly and continuously disabled due to illness or bodily injury and, as a result, is not physically or mentally fit to perform the essential duties of his/her normal occupation.

Thereafter, an employee is totally disabled provided he/she is wholly and continuously disabled due to illness or bodily injury and, as a result, is not physically or mentally fit to perform the essential duties of:

- a) his/her normal occupation; and
- b) any other occupations, jobs or work:
 - 1. for which he/she is, or becomes, qualified by his/her education or training or experience, considered collectively or separately; and
 - 2. for which the current monthly earnings are 75% or more of the current monthly earnings for the employee's normal occupation.

The availability of such occupations, jobs or work will not be considered in assessing the employee's disability.

"Waiting Period" means a thirty-one (31) day period from the date the Insured Spouse and/or Dependent Children becomes comatose for which no benefits are payable.

Enjoy the Rewards of Johnson Home and Auto Insurance.



Now earn AIR MILES® reward miles.



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(Please provide your Group ID Code: 81)

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