

# **The Great Northern Way Campus**

**All eligible students**

**Contract Number 50167  
Effective January 1, 2008**



## Table of Contents

<b>General Information</b> .....	<b>1</b>
About this booklet.....	1
Eligibility .....	1
Who qualifies as your dependent .....	2
Enrolment.....	2
When coverage begins .....	3
Changes affecting your coverage .....	3
Updating your records.....	4
When coverage ends .....	4
Replacement coverage .....	5
Making claims.....	5
Coordination of benefits.....	5
Medical examination .....	6
Recovering overpayments .....	6
Definitions.....	6
<b>Extended Health Care (Medicare Supplement)</b> .....	<b>7</b>
General description of the coverage.....	7
Deductible .....	7
Prescription drugs .....	7
Medical services and equipment .....	8
Paramedical services .....	10
Vision Care .....	10
When coverage ends .....	11
Payments after coverage ends .....	11
What is not covered.....	11
When and how to make a claim .....	12
<b>Dental Care</b> .....	<b>13</b>
General description of the coverage.....	13
Deductible .....	14
Benefit year maximum .....	14
Predetermination .....	14
Preventive dental procedures .....	14
Basic dental procedures .....	15
When coverage ends .....	16
Payments after coverage ends .....	16

---

What is not covered.....	16
When and how to make a claim .....	17
<b>Accidental Death and Dismemberment.....</b>	<b>19</b>
General description of the coverage.....	19
Accidental coverage .....	19
What we will pay .....	19
Limit on benefit amounts .....	21
What is not covered.....	21
When and how to make a claim .....	22

## General Information

### About this booklet

The information in this student benefits booklet is important to you. It provides the information you need about the group benefits available through The Great Northern Way Campus group contract with Sun Life Assurance Company of Canada (*Sun Life*), a member of the Sun Life Financial group of companies.

Your group benefits may be modified after the effective date of this booklet. The contract holder will receive written notification of changes to your group plan and is responsible for notifying you either by email or by updating their website: [www.gnwc.ca](http://www.gnwc.ca). The notification will supplement your group benefits booklet.

If you have any questions about the information in this student benefits booklet, or you need additional information about your group benefits, please contact [studentcare.net/works](http://studentcare.net/works).

### Eligibility

To be eligible for group benefits, you must be an active student at The Great Northern Way Campus. Please contact [studentcare.net/works](http://studentcare.net/works) for specific eligibility information.

If you are an eligible international student you qualify for Extended Health coverage only if you are entitled to benefits under a provincial medicare plan, another plan that provides similar benefits or are approved in writing by Sun Life.

If you and your spouse are both students, each of you may be eligible for coverage subject to the following limitations:

- only one student can choose coverage for dependents, and
- an individual covered as a student cannot be covered as a dependent.

Your dependents become eligible for coverage on the date you become eligible or the date they first become your dependent, whichever is

**Who qualifies as your dependent**

later. You must be covered in order for your dependents to be eligible.

Your dependent must be your spouse or your child and a resident of Canada.

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the last year, is an eligible dependent. You can only cover one spouse at a time.

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law, and are under age 22.

A child who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) is also considered an eligible dependent until the age of 26 as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- the child is incapable of financial self-support because of a physical or mental disability, and
- the child depends on you for financial support, and is not married nor in any other formal union recognized by law.

In these cases, you must notify Sun Life within 31 days of the date the child attains the limiting age. *Studentcare.net/works* can give you more information about this.

**Enrolment**

You may be automatically covered under this plan or you may be eligible to self-enroll. Please contact *studentcare.net/works* for enrolment procedures. For a dependent to receive coverage, you have to request dependent coverage.

You may opt out provided that you complete the opt out form during the applicable Change-of-Coverage Period. If you choose to opt out, you must provide proof that you have comparable coverage. You will

not be covered for Accidental Death and Dismemberment if you opt out of Extended Health Care. For opt out information and Change-of-Coverage deadlines contact *studentcare.net/works*.

**When coverage begins**

Your coverage begins on the date you become eligible for coverage.

If you are not an active student at The Great Northern Way Campus on the date coverage would normally begin, your coverage will not begin until you are again an active student and member.

A dependent's coverage begins on the later of the following dates:

- the date your coverage begins.
- the date the dependent becomes eligible for coverage, as long as the dependent is acquired and enrolled within the reserved period at the beginning of each benefit year.

However, for a dependent, other than a newborn child, who is hospitalized, coverage will begin when the dependent is discharged from hospital and is actively pursuing normal activities.

Once you have dependent coverage, any subsequent dependents will be covered automatically. However, for claims paying purposes, you must advise *studentcare.net/works* of the name of any subsequent dependent.

If there are additional conditions for a particular benefit, these conditions will appear in the appropriate benefit section later in this booklet.

**Changes affecting your coverage**

From time to time, there may be circumstances that change your coverage.

For example, your student status may change, or the contract holder may change the group contract. Any resulting change in the coverage will take effect on the date of the change in circumstances.

However, if you or one of your dependents (other than a newborn child) are hospitalized on the date when the change occurs, the change

in coverage cannot take effect before that person is discharged and is actively pursuing normal activities.

**Updating your records**

To ensure that coverage is kept up-to-date, it is important that you report any of the following changes to *studentcare.net/works*:

- change of dependents.
- change of name.
- change of student ID number.

**When coverage ends**

As a student, your coverage will end on the earlier of the following dates:

- August 31<sup>st</sup> of each year.
- the date you enter service in the armed forces of any country.
- the end of the period for which premiums have been paid to Sun Life for your coverage.
- the date the group contract ends.

A dependent's coverage terminates on the earlier of the following dates:

- the date your coverage ends.
- the date the dependent is no longer an eligible dependent.
- the end of the period for which premiums have been paid for dependent coverage.

The termination of coverage may vary from benefit to benefit. For information about the termination of a specific benefit, please refer to the appropriate section of this student benefits booklet.

However, if you die while covered by this plan, coverage for your dependents will continue until the earlier of the following dates:

- the end of the benefit year following the date of your death.
- the date the person would no longer be considered your dependent under this plan if you were still alive.
- the date the benefit provision under which the dependent is covered terminates.

**Replacement coverage**

The group contract will be interpreted and administered according to all applicable legislation and the guidelines of the Canadian Life and Health Insurance Association concerning the continuation of insurance following contract termination and the replacement of group insurance.

Sun Life will not be responsible for paying benefits if an insurer under a previous group contract is responsible for paying similar benefits.

**Making claims**

Sun Life is dedicated to processing your claims promptly and efficiently. You should contact [studentcare.net/works](http://studentcare.net/works) to get the proper form to make a claim. There are time limits for making claims. These limits are discussed in the appropriate sections of this student benefits booklet. All claims must be made in writing on forms approved by Sun Life.

No legal action may be brought by you more than one year after the date we must receive your claim forms.

**Coordination of benefits**

If you are covered for Extended Health Care or Dental Care under this plan and another plan, our benefits will be coordinated with the other plan following insurance industry standards. However, if you and your spouse are both active students at The Great Northern Way Campus, coordination of benefits does not apply.

These standards determine where you should send a claim first. Here are some guidelines:

- if you are claiming expenses for your spouse and the spouse is covered for those expenses under another plan, you must send the claim to your spouse's plan first.
- if you are claiming expenses for your children, and both you and

your spouse have coverage under different plans, you must claim under the plan of the parent with the earlier birthday (month and day) in the calendar year. For example, if your birthday is May 1 and your spouse's birthday is June 5, you must claim under your plan first.

- the maximum amount that you can receive from all plans for eligible expenses is 100% of actual expenses.

*Studentcare.net/works* can help you determine which plan you should claim from first.

**Medical examination** We can require you to have a medical examination if you make a claim for benefits. We will pay for the cost of the examination. If you fail or refuse to have this examination, we will not pay any benefit.

**Recovering overpayments** We have the right to recover all overpayments of benefits either by deducting from other benefits or by any other available legal means.

**Definitions** Here is a list of definitions of some terms that appear in this student benefits booklet. Other definitions appear in the benefit sections.

**Accident** An accident is a bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.

**Doctor** A doctor is a physician or surgeon who is licensed to practice medicine where that practice is located.

**Illness** An illness is a bodily injury, disease, mental infirmity or sickness. Any surgery needed to donate a body part to another person which causes total disability is an illness.

**Student** Means you are an active student at The Great Northern Way Campus.

***studentcare.net/works*** *studentcare.net/works* is the third party administrator.

***We, our and us*** We, our and us mean Sun Life Assurance Company of Canada.

## Extended Health Care (Medicare Supplement)

**General description  
of the coverage**

In this section, *you* means the student and all dependents covered for Extended Health Care benefits.

Extended Health Care coverage pays for eligible services or supplies for you that are medically necessary for the treatment of an illness. *Medically necessary* means generally recognized by the Canadian medical profession as effective, appropriate and required in the treatment of an illness in accordance with Canadian medical standards.

To qualify for this coverage you must be entitled to benefits under a provincial medicare plan or federal government plan that provides similar benefits.

An expense must be claimed for the benefit year in which the expense is incurred. You incur an expense on the date the service is received or the supplies are purchased or rented.

The benefit year is from January 1, 2008 to August 31, 2008, and then from September 1 to August 31.

**Deductible**

There is no deductible for this coverage.

**Prescription drugs**

We will cover 80% of the cost of drugs or supplies listed in the Managed Health Care Formulary which have a Drug Identification Number (DIN) and are prescribed in writing by a doctor or dentist and are obtained from a pharmacist.

The Managed Health Care Formulary is a list of drugs and supplies that are therapeutically useful and cost effective. The list is based on the British Columbia Provincial Formulary.

The following drugs or supplies are also covered:

- compound serums that require a prescription.

- colostomy supplies.
- varicose vein injections, if medically necessary.

For the above items, payments for any single purchase are limited to quantities that can reasonably be used in a 34 day period, or, in the case of certain maintenance drugs, in a 100 day period as ordered by a doctor.

***Generic limit*** Charges in excess of the lowest priced equivalent generic product are not covered unless the doctor specifies in writing that no substitution for the prescribed drug may be made.

***Other health professionals allowed to prescribe drugs*** We reimburse certain drugs prescribed by other qualified health professionals the same way as if the drugs were prescribed by a doctor or a dentist if the applicable provincial legislation permits them to prescribe those drugs.

**Medical services and equipment** We will cover 100% of the costs for the medical services listed below when ordered by a doctor (the services of a licensed optometrist, ophthalmologist or dentist do not require a doctor's order).

- transportation in a licensed ambulance, if medically necessary, that takes you to and from the nearest hospital that is able to provide the necessary medical services.
- transportation in a licensed air ambulance, if medically necessary, that takes you to the nearest hospital that provides the necessary emergency services.
- the following diagnostic services rendered out of a hospital, except if the covered person's provincial plan prohibits payment of these expenses:
  - laboratory tests.
  - ultrasounds other than pregnancy related.
  - x-rays.
- dental services, including braces and splints, to repair damage to

natural teeth caused by an accidental blow to the mouth that occurs while you are covered. These services must be completed within 12 months of the accident. We will not cover more than the fee stated in the Dental Association Fee Guide for a general practitioner where the treatment is received. The guide must be the current guide at the time that treatment is received.

- services of an ophthalmologist or licensed optometrist, up to a maximum of \$60 per person in any 24 month period.
- wigs following chemotherapy, up to a maximum of \$300 per person in a benefit year. Wigs do not require a doctor's order.
- medically necessary equipment rented, or purchased at our request, that meets your basic medical needs. If alternate equipment is available, eligible expenses are limited to the cost of the least expensive equipment that meets your basic medical needs. For wheelchairs, eligible expenses are limited to the cost of a manual wheelchair, except if the person's medical condition warrants the use of an electric wheelchair.
- casts, splints, trusses, braces or crutches.
- breast prostheses required as a result of surgery, up to a maximum of \$200 per person in a benefit year.
- surgical brassieres required as a result of surgery, up to a maximum of 2 brassieres per person in a benefit year.
- artificial limbs and eyes, excluding myoelectric appliances.
- stump socks, up to a maximum of 5 pairs per person in a benefit year.
- elastic support stockings, including pressure gradient hose, up to a maximum of 2 pairs per person in a benefit year.
- custom-made orthotic inserts for shoes, custom-made orthopaedic shoes or modifications to orthopaedic shoes when prescribed by a doctor, podiatrist or chiroprapist, up to a maximum of \$300 per

**Paramedical services**

person in a benefit year.

- radiotherapy or coagulotherapy.
- oxygen, plasma and blood transfusions.

We will cover 80% of the costs, up to a maximum of \$400 per person per specialty in a benefit year for the paramedical specialists listed below:

- licensed psychologists or social workers.
- licensed massage therapists when ordered by a doctor.
- licensed speech therapists.
- licensed physiotherapists.
- licensed athletic therapists.
- licensed naturopaths.
- licensed acupuncturists.
- licensed osteopaths, including a maximum of one x-ray examination each benefit year.
- licensed chiropractors, including a maximum of one x-ray examination each benefit year.
- licensed podiatrists or chiropodists, including a maximum of one x-ray examination each benefit year.

**Vision Care**

We will cover 100% of the costs for the following:

- contact lenses and eyeglasses prescribed by an ophthalmologist or licensed optometrist and obtained from an ophthalmologist, licensed optometrist or optician up to a maximum of \$100 per person in any 24 month period.
- laser eye correction surgery performed by an ophthalmologist up

to a maximum of \$150 per person per benefit year.

We will not pay for sunglasses, magnifying glasses, or safety glasses of any kind.

**When coverage ends** Extended Health Care coverage will end on August 31<sup>st</sup> of each year.

Coverage may also end on an earlier date, as specified in *General Information*.

**Payments after coverage ends**

If you are totally disabled when your coverage ends, benefits will continue for expenses that result from the illness that caused the total disability if the expenses are incurred:

- during the uninterrupted period of total disability,
- within 90 days of the end of coverage, and
- while this provision is in force.

For the purpose of this provision, you are totally disabled if prevented by illness from performing your normal activities.

If the Extended Health Care benefit terminates, coverage for dental services to repair natural teeth damaged by an accidental blow will continue, if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.

**What is not covered** We will not pay for the costs of:

- services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.
- services or supplies to the extent that their costs exceed the reasonable and usual rates in the locality where the services or supplies are provided.
- equipment that Sun Life considers ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and

humidifiers).

- any services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments.  
*Experimental or investigational treatments* mean treatments that are not approved by Health Canada or other government regulatory body for the general public.
- services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada).
- services or supplies for which no charge would have been made in the absence of this coverage.

We will not pay benefits when the claim is for an illness resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- intentionally self-inflicted injuries or attempted suicide, while sane or insane.
- participation in a criminal offence.

**When and how to make a claim**

To make a claim, complete the claim form that is available from *studentcare.net/works*.

In order for you to receive benefits, we must receive the claim no later than 90 days after the earlier of:

- the end of the benefit year during which you incur the expenses, or
- the end of your Extended Health Care coverage.

---

## Dental Care

**General description  
of the coverage**

In this section, *you* means the student and all dependents covered for Dental Care benefits.

Dental Care coverage pays for eligible expenses that you incur for dental procedures provided by a licensed dentist, denturist, dental hygienist and anaesthetist while you are covered by this group plan.

For each dental procedure, we will only cover reasonable expenses. We will not cover more than the fee stated in the Dental Association Fee Guide for general practitioners in the province where the treatment is received. Payments will be based on the current guide at the time the treatment is received. Verify with [studentcare.net/works](http://studentcare.net/works) for the list of selected dentists who will offer discounted fees which have been negotiated for you.

When a fee guide is not published for a given year, the term *fee guide* may also mean an adjusted fee guide established by Sun Life.

Your insurance coverage is valid throughout the world. Expenses incurred outside Canada will be reimbursed in Canadian dollars and are limited to the amount which would be payable if the expense had been incurred in your province of residence.

When deciding what we will pay for a procedure, we will first find out if other or alternate procedures could have been done. These alternate procedures must be part of usual and accepted dental work and must obtain as adequate a result as the procedure that the dentist performed. We will not pay more than the reasonable cost of the least expensive alternate procedure.

If you receive any temporary dental service, it will be included as part of the final dental procedure used to correct the problem and not as a separate procedure. The fee for the permanent service will be used to determine the usual and reasonable charge for the final dental service.

An expense must be claimed for the benefit year in which the expense is incurred. You incur an expense on the date your dentist performs a single appointment procedure. For procedures which take more than one appointment, you incur an expense once the entire procedure is completed.

The benefit year is from January 1, 2008 to August 31, 2008, and then from September 1 to August 31.

<b>Deductible</b>	There is no deductible for this coverage.
<b>Benefit year maximum</b>	We will not pay more than \$600 per person for each benefit year for all services.
<b>Predetermination</b>	We suggest that you send us an estimate, before the work is done, for any major treatment or any procedure that will cost more than \$500. You should send us a completed dental claim form that shows the treatment that the dentist is planning and the cost. Both you and the dentist will have to complete parts of the claim form. We will tell you how much of the planned treatment is covered. This way you will know how much of the cost you will be responsible for before the work is done.
<b>Preventive dental procedures</b>	<p>Your dental benefits include the following procedures used to help prevent dental problems. They are procedures that a dentist performs regularly to help maintain good dental health.</p> <p>We will pay the eligible expenses charged by the dentist for these procedures up to a maximum of 80% of the fee stated in the Dental Association Fee Guide.</p>
<i>Oral examinations</i>	<p>1 complete examination every 36 months.</p> <p>1 recall examination every 12 months.</p> <p>Emergency or specific examinations.</p>
<i>X-rays</i>	<p>1 complete series of x-rays or 1 panorex every 36 months.</p> <p>1 set of bitewing x-rays every 12 months.</p>

X-rays to diagnose a symptom or examine progress of a particular course of treatment.

*Other services* Required consultations between two dentists.

Polishing (cleaning of teeth) once every 12 months.

Topical fluoride treatment, for children under 19, once every 12 months.

Emergency or palliative services.

Diagnostic tests and laboratory examinations.

Pit and fissure sealants, only for children under 19, limited to 1 sealant per molar in any 36 month period.

Oral hygiene instruction once every 12 months.

**Basic dental procedures**

Your dental benefits include the following procedures used to treat basic dental problems.

We will pay the eligible expenses charged by the dentist for these procedures up to a maximum of 70% of the fee stated in the Dental Association Fee Guide.

*Fillings* Amalgam, composite, acrylic or equivalent. You are only covered for composite fillings in front teeth and premolars.

*Extraction of teeth* Removal of teeth including removal of impacted teeth and related anaesthesia. Removal of impacted teeth is limited to 2 per person per benefit year.

*Basic restorations* Prefabricated metal restorations and repairs to prefabricated metal restorations, other than in conjunction with the placement of permanent crowns, for children under 15 and limited to 1 restoration or repair per tooth in any 36 month period.

*Endodontics* Root canal therapy and root canal fillings, and treatment of disease of the pulp tissue.

---

<i>Periodontics</i>	Treatment of disease of the gum and other supporting tissue.  Root planing and scaling are limited to 5 units each per person per benefit year.  Occlusal equilibration is limited to 4 units per person per benefit year.
<i>Oral surgery</i>	Surgery and related anaesthesia, other than the removal of impacted teeth.
<i>Repair</i>	Repair of bridges or dentures.
<i>Rebase or reline</i>	Rebase or reline of an existing partial or complete denture.
<i>Other services</i>	Provision of space maintainers for missing primary teeth for children under 15.
<b>When coverage ends</b>	Dental Care coverage will end on August 31 <sup>st</sup> of each year.  Coverage may also end on an earlier date, as specified in <i>General Information</i> .
<b>Payments after coverage ends</b>	If the Dental Care benefit terminates, you will still be covered for procedures to repair natural teeth damaged by an accidental blow if the accident occurred while you were covered, and the procedure is performed within 6 months after the date of the accident.
<b>What is not covered</b>	We will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.  We will not pay for services or supplies that are not usually provided to treat a dental problem.  We will not pay for: <ul style="list-style-type: none"><li>■ procedures performed primarily to improve appearance.</li><li>■ the replacement of dental appliances that are lost, misplaced or stolen.</li></ul>

- 
- charges for appointments that you do not keep.
  - charges for completing claim forms.
  - services or supplies for which no charge would have been made in the absence of this coverage.
  - supplies usually intended for sport or home use, for example, mouthguards.
  - procedures or supplies used in full mouth reconstructions (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support).
  - charges related to bruxism (grinding of the teeth).
  - charges related to the temporomandibular joint (TMJ) treatment.
  - charges related to implants, including surgery charges.
  - transplants, and repositioning of the jaw.
  - experimental treatments.

We will also not pay for dental work resulting from:

- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- teeth malformed at birth or during development.
- participation in a criminal offence.

**When and how to  
make a claim**

To make a claim, complete the claim form that is available from [studentcare.net/works](http://studentcare.net/works). The dentist will have to complete a section of the form.

In order for you to receive benefits, we must receive a claim no later than 90 days after the earlier of:

- the end of the benefit year during which you incur the expenses,  
or
- the end of your Dental Care coverage.

We can require that you give us the dentist's statement of the treatment received, pre-treatment x-rays and any additional information that we consider necessary.

## Accidental Death and Dismemberment

- General description of the coverage** In this section, *you* means the student and all dependents covered for Accidental Death and Dismemberment.
- Accidental Death and Dismemberment coverage provides benefits if, due to an accident occurring while covered, you die or suffer any of the losses listed in the table under *What we will pay*.
- Accidental coverage**
- Amount* \$2,000 – Student  
\$2,000 – Spouse  
\$2,000 – Child
- Coverage ends* Your coverage will end on August 31<sup>st</sup> of each year. Coverage may also end on an earlier date, as specified in *General Information*.
- What we will pay** We will pay for this benefit if you:
- accidentally drown.
  - disappear in an accident while travelling. This only applies if the means of transportation disappears, sinks, is wrecked, forced to land or stranded and the body is not found within one year. There must be no evidence that you are still alive.
  - are in an accident or exposed to the elements and, as a direct result, you suffer one of the losses listed below within one year of that accident or exposure.

The amount that we will pay is a percentage of the Accidental Death and Dismemberment coverage. The percentage depends on the loss suffered. The following table shows the percentages we use to determine the payment.

---

**TABLE OF LOSSES**

Loss of life	100%
Loss of both hands or both feet	300%
Loss of one hand and one foot	300%
Loss of one hand or one foot, and entire sight of one eye	300%
Loss of one arm or one leg	225%
Loss of one hand or one foot	210%
Loss of one finger	10%
Loss of thumb and index finger on the same hand	50%
Loss of use of both arms or both legs	300%
Loss of use of both hands or both feet	300%
Loss of use of one arm or one leg	225%
Loss of use of one hand or one foot	210%
Loss of entire sight of both eyes	300%
Loss of speech and loss of hearing in both ears	300%
Loss of entire sight of one eye	210%
Loss of speech	150%
Loss of hearing in one ear	150%
Quadriplegia	750%
Paraplegia	375%
Hemiplegia	375%

Only the largest percentage is paid for injuries to the same limb resulting from the same accident. We will not pay more than 300% of the amount of coverage if an accident results in more than one loss. This does not include quadriplegia where we will pay a maximum of 750% or 375% for paraplegia or hemiplegia.

Loss of an arm means that it was severed at or above the elbow. Loss of a hand means that it was severed at or above the wrist. Loss of a leg means that it was severed at or above the knee. Loss of a foot means that it was severed at or above the ankle. Loss of a thumb, finger or toe means that it was severed at or above the first joint from the hand or

foot. Loss of sight, speech or hearing must be total and permanent.

Loss of use must be total and must have continued for at least one year. Before we pay the benefit, you must provide proof that the loss is permanent.

**Limit on benefit amounts**

If more than one person covered by the group contract is eligible for benefits resulting from the same accident, Sun Life will pay up to a maximum of \$3,000,000 for all claims related to the accident.

If the total amount of benefits payable for the accident is more than \$3,000,000, then we will pay for each person a percentage of the \$3,000,000 that is equal to the percentage the person would have received of the total payable.

**What is not covered**

We will not pay for losses that are the result of:

- self-inflicted injuries, by firearm or otherwise.
- a drug overdose.
- carbon monoxide inhalation.
- attempted suicide or suicide while sane or insane.
- flying in, descending from or being exposed to any hazard related to an aircraft while
  - receiving flying lessons.
  - performing any duties in connection with the aircraft.
  - being flown for a parachute jump.
  - a member of the armed forces if the aircraft is under the control of or chartered by the armed forces.
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion.
- full-time service in the armed forces of any country.

**When and how to  
make a claim**

- participation in a criminal offence.

For any loss other than death, the claim must be received by Sun Life within one year after the loss.

If the claim is the result of a death, the claim should be made as soon as possible after the death occurred.

Claim forms are available from *studentcare.net/works*.

## Respecting Your Privacy

Within the Sun Life Financial group of companies, protecting your privacy is a priority. We maintain a confidential file in our offices containing personal information about you and your contract(s) with us. Our files are kept for the purpose of providing you with insurance and investment products or services that will help you meet your lifetime financial objectives. Access to your personal information is restricted to those employees and representatives who are responsible for the administration and servicing of your contract(s) with us, or any other person whom you authorize. You are entitled to consult the information contained in our file and, if applicable, to have it corrected by sending a written request to us.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or send a written request by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5 to request that a copy of our Privacy Brochure be sent to you.