



3sHealth.ca

Group Life Insurance Plan

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Commentary

**FOR CERTAIN SUN, HSAS, CUPE, SEIU, SGEU AND OTHER
UNIONIZED EMPLOYEES, AND OUT-OF-SCOPE EMPLOYEES WHO
PARTICIPATE IN THE 3sHEALTH BENEFITS PLANS.**

**FOR CERTAIN EMPLOYEES OF 3sHEALTH PARTICIPATING
EMPLOYERS.**

*This commentary is presented as a matter of general information only.
The contents are not to be accepted or construed as a substitute for the
provisions of the plan.*

GENERAL INFORMATION

Access to Documents

You have the right, upon request to obtain a copy of the policy, your application and any written statements or other records you have provided to Great-West Life as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Great-West Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Great-West Life. If you fail to fulfil this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Great-West Life's right to use other legal means to recover the overpayment.

PROTECTING YOUR PRIVACY

At 3sHealth Employee Benefits respect for the privacy and protection of plan member personal information is foremost among our fundamental business principles. 3sHealth Employee Benefits is committed to safeguarding plan member personal information.

Why does 3sHealth Employee Benefits collect personal information?

3sHealth Employee Benefits primarily collects personal information for the following purposes: (i) processing and preparing benefit applications on behalf of plan members and 3sHealth Participating Employers; (ii) investigating, assessing and evaluating a plan member's need for benefits under the Plan; (iii) administering benefits and services for the plan member and 3sHealth Participating Employers generally; (iv) maintaining up-to-date and accurate plan member records; (v) coordinating the provision of benefits with a plan member's other insurance providers and government agencies (such as the Worker's Compensation Board); and (vi) other reasonable purposes consistent with the objectives of the Plan. 3sHealth Employee Benefits may also use personal information for other purposes to the extent authorized or required by applicable law.

How does 3sHealth Employee Benefits collect personal information?

Generally, 3sHealth Employee Benefits will collect personal information directly from the plan member. 3sHealth Employee Benefits may also collect information from a 3sHealth Participating Employer and/or, depending on the nature of a claim under the Plan, from the medical professionals overseeing a plan member's condition. It is important to note that this privacy statement is intended to supplement, and does not replace, any express consents given to 3sHealth Employee Benefits in connection with its collection, use and disclosure of personal information.

When does 3sHealth Employee Benefits disclose personal information?

3sHealth Employee Benefits will only disclose personal information: (i) as required to facilitate the authorized purposes listed above; (ii) to employees who have a legitimate reason for accessing it in connection with the authorized purposes listed above; (iii) to medical consultants, agents or affiliates of 3sHealth Employee Benefits, to facilitate the authorized purposes listed above; or (iv) as required or permitted by applicable law.

Reasonable and appropriate standards to protect plan member personal information are in place whether the personal information is electronic or paper. A variety of reasonable policies, procedures and safeguards (including physical, technological and organizational measures) are used to prevent unauthorized access to any and all paper or electronic documents containing plan member personal information.

Does 3sHealth Employee Benefits provide access to personal information?

3sHealth Employee Benefits provides individuals with access to the personal information about such individuals held by 3sHealth Employee Benefits in accordance with applicable laws. 3sHealth Employee Benefits reserves the right to require that any request for access to personal information be made in writing. Generally , there is no cost for such access. However, 3sHealth Employee Benefits reserves the right to charge such costs on a case by case basis in accordance with applicable laws. The individual will be notified in advance if such charges apply. 3sHealth Employee Benefits will correct or amend the personal information in its files where it can be shown that the information is incorrect or incomplete.

Is there a choice?

Individuals can deny or withdraw their consent to collection, use and disclosure of their personal information by 3sHealth Employee Benefits at any time upon reasonable notice, subject to any legal or contractual requirements. However, if consent is denied or withdrawn, 3sHealth Employee Benefits may not be able to provide and administer benefits and services to a plan member under the Plan.

For further information about the privacy practices of 3sHealth Employee Benefits or to make a request for access to personal information, please contact 3sHealth Employee Benefits or visit 3sHealth Employee Benefits website at: www.3sHealth.ca.

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YOUR GROUP LIFE INSURANCE PLAN

Health Shared Services Saskatchewan (3sHealth) Group Life Insurance Plan was established in 1967.

The Group Life Insurance Plan Provides members with Basic Life Insurance and Basic Accidental Death & Dismemberment (AD&D) Insurance.

Plan members have the option to purchase additional insurance coverage including:

- Optional Life Insurance
- Voluntary Accidental Death & Dismemberment Insurance and
- Dependent Life Insurance

This commentary outlines each of the Group Life Insurance Plan benefits which provide protection and security for you and your family. The information in this commentary is important. Familiarize yourself with its contents and keep it handy for reference.

If you have questions about your eligibility, level of coverage, plan benefits or a specific claim, please contact 3sHealth Employee Benefits.

This commentary contains general information, and is subject to all of the provisions, limitations, exclusions and restrictions contained in the policy issued to Health Shared Services Saskatchewan.

Employee Benefits

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Toll Free 1.866.278.2301

Tel. (306) 347.5519 Fax. (306) 347.5910

E-mail ebp@3sHealth.ca Website www.3sHealth.ca

ELIGIBILITY

You are eligible for coverage upon meeting the eligibility requirements shown below.

Eligibility - Employee

You are eligible if:

- you work for an employer which participates in the 3sHealth Employee Benefit Plans,
- you are in an insured class of Employees covered by the plan, and
- you complete the minimum waiting periods and hours requirement for your job classification shown below.

Permanent Full-Time Employees and Permanent Part-Time Employees

If you work for a participating employer on a permanent full-time basis you are eligible for coverage on your date of hire. You are required to join the Plan as a condition of your employment.

ELIGIBILITY

Eligibility – Employee (Continued)

All Other Employees (Casual or Temporary Employees)

If you are other than a permanent full-time or permanent part-time employee working for a participating employer on a temporary or casual basis and work at least 40% of the number of hours normally worked by a full-time employee, you will become eligible for coverage if you have worked 390 hours during the first 26 week period of your employment. If you do not become eligible after this 26 week period, you will become eligible for coverage once it has been determined that you worked at least 780 hours in a full calendar year period of employment (January 1 – December 31). If you had already become eligible for coverage under this plan and your coverage terminated because you did not work the minimum number of hours required in the previous calendar year, you will again be eligible for coverage on the January 1st following the full calendar year in which you work at least 780 hours. You must join the Plan as a condition of your employment.

ELIGIBILITY

Eligibility - Dependents

If you elect to purchase Optional Dependent Life or Voluntary Family Accidental Death and Dismemberment coverage, your dependents coverage will begin in accordance with the Plan on the date your premium payments commence.

Actively at Work

You must be actively at work on the day your coverage begins. To be considered *actively at work* you must be performing the normal functions of your own occupation at your regular place of employment.

If, for any reason, you are not actively at work on the day your coverage is to begin, your coverage will not start until the day you are actively at work.

ELIGIBILITY

Termination of Coverage - Employee

Your coverage will terminate on the earliest of:

- the January 1st following any full calendar year in which you worked less than 780 hours;
- the date you cease to work for an employer which participates in the 3sHealth plans;
- the date you no longer qualify for membership in an insured class within the plan;
- the end of the period for which premiums have been paid for your coverage;
- the date immediately prior to the date you commence active full-time service as a member of the armed forces of any country;
- the date the policy cancels;
- the date your participating employer's coverage under the policy cancels;
- the date your class cancels;
- the date shown in the benefit descriptions; or
- benefits will not be continued during a period of salary continuance or vacation payout following your date of termination or retirement, or during any period of vacation where you do not return to work to your normal duties immediately following the period of vacation.

If you are absent from work due to a leave of absence, your coverage must be continued. If you are laid-off, your coverage will end on the date the lay-off begins.

ELIGIBILITY

Termination of Coverage - Dependent

Your Dependent coverage will terminate on the earliest of:

- the date your employee coverage terminates;
- the date your dependent no longer satisfies the definition of dependent;
- the end of the period for which premiums have been paid for dependent coverage; or
- the date shown in the benefit descriptions.

Coverage for a child (non-student) terminates on the child's 21st birthday. Coverage for a child (student) terminates on the child's 26th birthday.

OVERVIEW

This section contains:

- an explanation of how benefits are determined,
- general information,
- definitions, and
- limitations that apply to your coverage

Payment of Premiums

Based on your participating employer's personnel policies or collective bargaining agreements, premiums may be paid by the participating employer, the employee, or cost shared between them. All employee premium amounts are paid through payroll deduction.

Leaves of Absence

Your Basic Group Life Insurance coverage must be continued for up to 18 months during an approved leave of absence.

Employees may be granted a leave of absence for up to 18 months of a maternity, parental or adoptive leave, education leave, illness leave or personal leave and employees must continue their Basic Group Life Insurance coverage during the approved 18 months period.

Employees must make arrangements with their participating employer for payment of premiums before the leave of absence begins. Lump-sum payments or post-dated cheques are accepted.

If you choose not to continue your Optional Life Insurance and/or Dependent Life Insurance coverage during any leave of absence, and you wish to reinstate your coverage at a later date, you will be required to complete a medical questionnaire as application for Optional Life Insurance coverage is subject to the approval of the insurer.

OVERVIEW

Continuation of Coverage During a Period of Approved Disability

If you become disabled, your Group Life Insurance coverage will be continued from your date of disability if a waiver of premiums benefit has been approved in accordance with your membership in a 3sHealth disability income plan.

To make application for a waiver of premium benefit, you must complete the required forms. The forms are available from your participating employer. If you have already submitted an application to 3sHealth for Disability Plan benefits, you are not required to submit a separate application for a waiver of premium.

If you are a member of the CUPE Disability Plan or the SEIU Disability Plan, you must apply for a waiver of premium benefit within 90 days from the end of your paid sick leave.

If you are a member of the SUN Disability Plan or the General Disability Plan you must apply for a waiver of premium benefit within six (6) months from the date of your disability.

You must continue to pay your premiums until the later of:

- the date following the 119th day of your approved disability; or
- the date you are no longer receiving full earnings from your participating employer including paid sick leave, paid vacation leave, or participating employer net pay top-up.

If you remain disabled and a waiver of premium benefit is approved, your coverage will continue during your period of approved disability and no premiums will be payable by you or your participating employer.

OVERVIEW

Continuation of Coverage During a Period of Approved Disability (Continued)

If you are receiving Saskatchewan Workers' Compensation Board (WCB) benefits, and participating employer net pay top-up benefits, you are not required to apply for a waiver of premium benefit. Your coverage will automatically continue during the period you are receiving participating employer net pay top-up. However, you must apply for a premium waiver within 90 days of the date the participating employer net pay top-up ends.

The waiver of premium benefit ends at the earliest of the date your disability claim ends or the date of your 65th birthday.

For additional information about premium waivers, refer to the Employee Benefit Plans Premium Waivers brochure available at www.3shealth.ca.

The reserves for the Basic Life Insurance waiver of premium are maintained by 3sHealth on behalf of the Group Life Insurance Plan.

Beneficiary Designation

You may make, alter or revoke a designation of beneficiary as permitted by law. You should review any beneficiary designation made under this policy from time to time to ensure that it accurately reflects your intentions in the event of your death. You may change the designation by completing a form available from your participating employer or from 3sHealth Employee Benefits. See *Designating Your Beneficiary* section for more information.

OVERVIEW

Definitions

Actively at Work means that you are

- actually performing your normal duties, if it is a scheduled work day, or
- capable of performing your normal duties, if you were not at work due to a non-scheduled work day, holiday or vacation and you are scheduled to return to work, at your normal place of employment or at some other location where your participating employer's business requires you to be.

Accidental Bodily Injury – any bodily injury which is caused by external violent means and independent of all other causes.

Child - a person who is unmarried, dependent on you for financial support, and who is your natural child, your legally adopted child, a step-child or child of your common-law Spouse who lives with you, or a child for whom you have been granted custody pursuant to an Order of a Court.

Unless otherwise shown in a benefit, a Child must be:

- under 21 years of age, or
- between the ages of 21 and 25, inclusive, and in full-time attendance at an accredited college or university, or
- 21 years of age or older and dependent upon you for support by reason of a mental or physical disability.

In order to continue the coverage of a mentally or physically disabled Child who has attained age 21, you must complete an Application for Continuance of Insurance for a mentally and/or physically challenged child, and submit proof of the child's incapacity within 31 days of the child's 21st birthday.

OVERVIEW

Definitions (Continued)

A child is insurable from birth, including stillbirth. Still birth means the complete expulsion or extraction from the mother of a fetus weighing 500 grams or more; or with a body length of 25 centimetres or more or gestational age of 20 weeks or more which, after complete separation from the mother, does not breathe or show any sign of life at or after birth. Stillbirth does not include miscarriages and abortions.

Dependent - your spouse or child. A dependent does not include a child who has reached the age of 18 and is no longer financially reliant on their parents for support; a child who is employed and covered under their own benefit plan.

Employee – a person who works for an employer which participates in the 3sHealth Employee Benefit Plans and who is a member of:

- the Saskatchewan Union of Nurses (SUN),
- the Health Sciences Association of Saskatchewan (HSAS),
- the Canadian Union of Public Employees (CUPE),
- the Saskatchewan Government and General Employees Union (SGEU),
- the Services Employees International Union West (SEIU - West),
- any other union designated by 3sHealth as eligible to participate in the plan; or
- non-unionized and Out-of-Scope employees designated by 3sHealth as eligible to participate in the plan.

Employer – a health-care facility in the Province of Saskatchewan that participates in the 3sHealth Employee Benefits Plans and that is contributing to the plan with respect of any of its employees.

Government Plan – any plan of insurance provided by or under the administrative control of any government or agency in accordance with any law (other than the *Employment Insurance Act of Canada*) or any plan providing insurance coverage regulated by any government.

OVERVIEW

Definitions (Continued)

Insured Person – you or your dependent, excluding any person who does not reside in Canada or the United States, or who is on active full-time service in the armed forces of any country.

Participating Employer – an employer that participates in the 3sHealth benefit plan and who has agreed to make contributions in respect of your coverage.

3sHealth – Health Shared Services Saskatchewan.

Salary – regular straight time earnings that do not include premium payments such as overtime pay, shift differential, standby pay or bonuses.

Spouse – a person to whom you are legally married, or a person with whom you have been cohabiting in a spousal relationship for the past 12 months. Where both a legal spouse and a common-law spouse exists, coverage for the legal spouse will cease immediately upon coverage becoming effective for the common-law spouse.

CLAIMS

This section contains information about the payment of claims, the appropriate claim forms to use and the documents that are required to ensure that claims are paid promptly. Claim payments are accompanied by statements explaining how benefits have been determined according to the plan.

How to Submit a Claim

When you wish to submit a claim, obtain the appropriate claim form from 3sHealth Employee Benefits.

In the event of an employee's death, the participating employer will provide notification of the death to 3sHealth. Written notice of the death should be provided to 3sHealth within 20 days, or as soon as is reasonably possible. 3sHealth will verify the employee's actual earnings and insurance amounts with the participating employer prior to a claim being submitted. 3sHealth will send a letter and the required claim form to the named beneficiary and request other required documentation included but not limited to:

- a copy of the Official Death Certificate or Funeral Director's Statement of Death
- a copy of the Autopsy Report or Coroner's Report
- a copy of the Police Report or Workplace Accidental Report

Payment of Claims

Great-West Life will pay all Group Life Insurance benefits to the named beneficiary.

BASIC LIFE INSURANCE

Basic Life Insurance provides a benefit payable to your named beneficiary in the event of your death. There is no build-up of cash value.

The benefit amount payable is equal to two (2) times your annual salary, rounded up to the next \$1,000 subject to a maximum of \$1,000,000.

Please note – *employees enrolled in the plan prior to 1982 had a one time opportunity to maintain their coverage at either one (1) or one and one half (1 ½) times their current salary.*

Example:

An eligible employee earns an annual salary of \$36,524.

The employee's Basic Life Insurance amount is calculated as:

$$2 \times \$36,524 = \$73,048$$

\$73,048 is rounded up to the next \$1,000 as:

$$\$74,000$$

\$74,000 is the employee's Basic Life Insurance amount.

Employees over the age of 65

If you are age 65 or older, and you work for a participating employer on a permanent full-time basis or permanent part-time basis, or you work for a participating employer on a casual or temporary basis and you meet the eligibility requirements, you are eligible for coverage under the Plan. Your Basic Life Insurance coverage will automatically reduce to one (1) times your annual salary, rounded up to the next \$1,000 subject to a maximum of \$250,000.

BASIC AD&D INSURANCE

Basic Accidental Death and Dismemberment (AD&D) Insurance provides a benefit, payable to you or to your named beneficiary, in the event of a loss, or the loss of use of: life, limb, sight, hearing or speech due to an accidental injury. The benefit payable is a percentage of your Basic Life Insurance amount. In the event of your accidental death, your Basic AD&D Insurance amount is payable in addition to your Basic Life Insurance amount. Basic AD&D benefits are determined in accordance with the following table of losses:

BASIC AD&D INSURANCE

TABLE OF LOSSES

**Coverage as a Percentage
of your Basic Life Amount**

Type of Loss

Life	100%
Both hands of both feet or sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One arm or one leg	75%
One hand or one foot or sight of one eye	50%
Speech	50%
Hearing in both ears	50%
Thumb and index finger or at least four fingers of one hand	25%
All toes of one foot	12.5%
Loss of use of both arms and both legs	200%
Loss of use of both legs	200%
Loss of use of one arm and one leg on the same side of the body..	200%
Loss of use of both arms or both hands	100%
Loss of use of one leg or one arm	75%
Loss of use of one hand	50%

BASIC AD&D INSURANCE

Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the Principal Sum, or \$5,000, whichever is less, for each year of full-time post-secondary school enrolment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's global medical assistance benefit, up to \$2,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

BASIC AD&D INSURANCE

Occupational Training Benefit for Spouses

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the Principal Sum, or \$10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

Educational Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to \$10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

BASIC AD&D INSURANCE

Wheelchair Benefit

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's healthcare benefit, up to \$10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident, or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

BASIC AD&D INSURANCE

The maximum benefit payable for losses resulting from any one accident is 100% of your Basic Life Insurance.

The accidental death or dismemberment must occur within 365 days of the date of the accident in order for any AD&D benefit amount to be payable.

Basic AD&D benefits are not payable if the accidental death or dismemberment is the result of:

- suicide
- war, insurrection, or participation in a riot
- service in the armed forces
- illness or disease, medical or surgical treatment, viral or bacterial infection , unless they occur as a direct result of an accident.

Example:

An eligible employee is insured for \$50,000 of Basic Life Insurance on the date of her accidental death. Because her death was ruled accidental, both the Basic Life Insurance amount and the Basic AD&D Insurance amount are payable to her designated beneficiary.

Basic Life Insurance	\$50,000
Basic AD&D Insurance	<u>\$50,000</u>
Total of Benefit Amount Payable	\$100,000

PREMIUMS FOR BASIC LIFE AND AD&D INSURANCE

The monthly premium rate for your Basic Life and AD&D Insurance is available on the 3sHealth website www.3sHealth.ca. Your participating employer can also provide you with the monthly premium rate.

Pursuant to your participating employer's personnel policies and collective bargaining agreements, monthly premium amounts for Basic Life and AD&D Insurance may be paid by the participating employer, the employee or cost shared between them. Please ask your participating employer if you are not sure what, if any, portion of this premium is paid for by your participating employer. If your participating employer pays all or part of your monthly premium it is considered a *taxable* benefit to you.

OPTIONAL LIFE INSURANCE

Eligible employees have the option to purchase additional life insurance. The Optional Life Insurance benefit is payable to your beneficiary in the event of your death. Optional Life Insurance is sold in units of \$10,000 to a maximum of fifty (50) units or \$500,000.

Units	Amount of Optional Life Insurance	Units	Amount of Optional Life Insurance
1	\$10,000	26	\$260,000
2	\$20,000	27	\$270,000
3	\$30,000	28	\$280,000
4	\$40,000	29	\$290,000
5	\$50,000	30	\$300,000
6	\$60,000	31	\$310,000
7	\$70,000	32	\$320,000
8	\$80,000	33	\$330,000
9	\$90,000	34	\$340,000
10	\$100,000	35	\$350,000
11	\$110,000	36	\$360,000
12	\$120,000	37	\$370,000
13	\$130,000	38	\$380,000
14	\$140,000	39	\$390,000
15	\$150,000	40	\$400,000
16	\$160,000	41	\$410,000
17	\$170,000	42	\$420,000
18	\$180,000	43	\$430,000
19	\$190,000	44	\$440,000
20	\$200,000	45	\$450,000
21	\$210,000	46	\$460,000
22	\$220,000	47	\$470,000
23	\$230,000	48	\$480,000
24	\$240,000	49	\$490,000
25	\$250,000	50	\$500,000

OPTIONAL LIFE INSURANCE

You may elect to purchase up to \$150,000 of Optional Life Insurance within the first 90 days you become eligible in the Plan. If you elect to purchase up to \$150,000 of Optional Life Insurance within your first 90 days you will not be required to provide medical evidence of your insurability. You must complete the required forms to make application for coverage. The forms will be provided to you by your participating employer.

Important Note: The original election forms must be received by the 90th date following your eligibility for the Employee Benefit Plans. No exceptions will be made in this regard. Full evidence of insurability will be required for late elections.

You may elect to purchase Optional Life Insurance in excess of \$150,000 to a maximum amount of \$500,000. You must complete a medical questionnaire as application for coverage. Your Optional Life Insurance coverage in excess of \$150,000 to a maximum amount of \$500,000 is subject to the approval of the insurer.

If you wish to purchase Optional Life Insurance, or increase your Optional Life Insurance, after your first 90 days of eligibility in the plan, you must complete a medical questionnaire as application for coverage. Your Optional Life Insurance coverage is subject to the approval of insurer.

There are two (2) exceptions to this plan limitation. You may automatically purchase up to fifteen (15) units, or \$150,000 of Optional Life Insurance within:

- the month of January immediately following a year in which you either first become married or first have a child, or
- 30 days of returning to work after a leave of absence that extended beyond the month of January following a year in which you either first become married or first have a child

OPTIONAL LIFE INSURANCE

You may elect to cancel or reduce your Optional Life Insurance at any time. Please ask your participating employer for the required forms that are necessary to complete in order to reduce or terminate your coverage.

The monthly premium rate for Optional Life Insurance is available on the 3sHealth website www.3sHealth.ca or from your participating employer. All premium amounts for Optional Life Insurance are payable by the employee. All employee premium amounts are paid through payroll deduction.

Optional Life Insurance automatically terminates on the earliest of the date your employment ends or on the date of your 65th birthday.

VOLUNTARY AD&D INSURANCE

Eligible employees have the option to purchase additional AD&D insurance. The voluntary AD&D Insurance benefit is payable to you in the event of a loss, or loss of use of: life, limb, sight, hearing or speech due to an accidental injury or in the event of your accidental death to your beneficiary.

You may elect to purchase Voluntary AD&D Insurance for yourself (single coverage), or for both you and your eligible dependents (family coverage). All eligible employees may elect to purchase Voluntary AD&D Insurance at any time. You must complete the required forms to make application for coverage; evidence of your insurability is not required. The forms will be provided to you by your participating employer.

Voluntary AD&D Insurance is sold in units of \$10,000 to a maximum of 25 units or \$250,000.

Units	Amount of Voluntary AD&D Insurance	Units	Amount of Voluntary AD&D Insurance
1	\$10,000	14	\$140,000
2	\$20,000	15	\$150,000
3	\$30,000	16	\$160,000
4	\$40,000	17	\$170,000
5	\$50,000	18	\$180,000
6	\$60,000	19	\$190,000
7	\$70,000	20	\$200,000
8	\$80,000	21	\$210,000
9	\$90,000	22	\$220,000
10	\$100,000	23	\$230,000
11	\$110,000	24	\$240,000
12	\$120,000	25	\$250,000
13	\$130,000		

VOLUNTARY AD&D INSURANCE

You may elect to cancel or reduce your Voluntary AD&D Insurance at any time. Please ask your participating employer for the required forms that are necessary to complete in order to reduce or terminate your coverage.

The monthly premium rate for Voluntary AD&D Insurance is available on the 3sHealth website www.3sHealth.ca or from your participating employer. The monthly premium amounts for Voluntary AD&D Insurance are paid by the employee through payroll deduction.

Voluntary AD&D Insurance automatically terminates on the earliest of the date your employment ends or on the date of your 65th birthday.

VOLUNTARY AD&D INSURANCE

If you elect to purchase Voluntary AD&D Insurance for yourself only, the benefit amount payable is determined in accordance with the following table of losses:

TABLE OF LOSSES

Type of Loss	Coverage as a Percentage of your Basic Life Amount
Life	100%
Both hands of both feet or sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One arm or one leg	75%
One hand or one foot or sight of one eye	50%
Speech	50%
Hearing in both ears	50%
Thumb and index finger or at least four fingers of one hand	25%
All toes of one foot	12.5%
Loss of use of both arms and both legs	200%
Loss of use of both legs	200%
Loss of use of one arm and one leg on the same side of the body	200%
Loss of use of both arms or both hands	100%
Loss of use of one leg or one arm	75%
Loss of use of one hand	50%

VOLUNTARY AD&D INSURANCE

If you elect to purchase Voluntary AD&D Insurance for yourself and your eligible dependents, the benefit amount payable is determined in accordance with the following schedule:

Family Voluntary AD&D		
Employee	Spouse	Child
<ul style="list-style-type: none"> ▪ 100% of the employee's Voluntary AD&D Insurance amount in accordance with the table of losses. 	<ul style="list-style-type: none"> ▪ 50% of the employee's Voluntary AD&D Insurance amount if the Employee does <u>not</u> have eligible dependent children on the date of the spouse's accidental death, or ▪ 40% of the employee's Voluntary AD&D amount if the employee does have eligible dependent children on the date of the spouse's accidental death. 	<ul style="list-style-type: none"> ▪ 20% of the employee's Voluntary AD&D Insurance amount if the employee does <u>not</u> have an eligible spouse on the date of the child's accidental death, or ▪ 10% of the employee's Voluntary AD&D Insurance amount if the employees has a spouse on the date of the child's accidental death

VOLUNTARY AD&D INSURANCE

Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the Principal Sum, or \$5,000, whichever is less, for each year of full-time post-secondary school enrolment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's global medical assistance benefit, up to \$2,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

VOLUNTARY AD&D INSURANCE

Occupational Training Benefit for Spouses

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the Principal Sum, or \$10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

Educational Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to \$10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

VOLUNTARY AD&D INSURANCE

Wheelchair Benefit

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's healthcare benefit, up to \$10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident, or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

VOLUNTARY AD&D INSURANCE

The maximum benefit payable for losses resulting from any one accident is 100% of your Voluntary AD&D Insurance.

The accidental death or dismemberment must occur within 365 days of the date of the accident in order for any Voluntary AD&D benefit amount to be payable.

Voluntary AD&D benefits are not payable if the accidental death or dismemberment is the result of:

- suicide
- war, insurrection, or participation in a riot
- service in the armed forces
- illness or disease, medical or surgical treatment, viral or bacterial infection, unless they occur as a direct result of an accident.

DEPENDENT LIFE INSURANCE

Eligible employees have the option to purchase Dependent Life Insurance. The Dependent Life Insurance benefit is payable to you if one of your Dependents dies.

Dependent Life Insurance is sold as a flat amount per spouse and per child as follows:

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

You may elect to purchase Dependent Life Insurance within the first 90 days you become eligible in the plan. If you elect to purchase Dependent Life Insurance within the first 90 days your dependents will not be required to provide evidence of their insurability. You must complete the required forms to make application for coverage within the 90 day window. No exceptions will be made. The forms will be provided to you by your participating employer.

If you wish to purchase Dependent Life Insurance after your first 90 days of eligibility in the plan, each of your Dependents must complete a medical questionnaire as application for coverage. Your Dependent Life Insurance coverage is subject to the approval of the insurer.

There are two exceptions to this plan limitation. You may automatically purchase Dependent Life Insurance within:

- the month of January immediately following a year in which you either first become married or first have a child, or
- 30 days of returning to work after a leave of absence that extended beyond the month of January following a year in which you either first become married or first have a child.

DEPENDENT LIFE INSURANCE

You may elect to cancel your Dependent Life Insurance at any time. Please ask your participating employer for the required forms that are necessary to complete in order to reduce or terminate your coverage.

The monthly premium rate for Dependent Life Insurance is available on the 3sHealth website www.3sHealth.ca or from your participating employer. All premium amounts for Dependent Life Insurance are payable by the employee. All employee premium amounts are paid through payroll deduction. The monthly premium cost is the same regardless of the number of dependents you have.

Dependent Life Insurance automatically terminates at the earliest of:

- the date your employment ends
- the date the dependent ceases to qualify as a dependent
- the date of your 65th birthday

GROUP LIFE CONVERSION OPTION

If your Group Life Insurance Plan coverage ends because your employment has ended, you have retired, or you no longer meet the eligibility requirements of the plan, your Group Life Insurance coverage remains in force for 31 days after the date of your termination.

During this 31 day period, subject to the benefit provisions of the 3sHealth Group Life Insurance Contract with the insurer, you have the option to convert the amount of your Basic Life Insurance and/or Optional Life Insurance to an individual insurance policy. You will not be required to provide evidence of your insurability. Your spouse may elect to convert his/her insured amount of Dependent Life Insurance to an individual policy.

Conversion is subject to the following conditions:

- Your insurance coverage must terminate on or before your 65th birthday.
- Application for the individual policy and the first premium payment must be made within 31 days of the date of your termination.
- The amount of insurance you elect to convert must be equal to or less than the amount of insurance you had in force with the Group Life Insurance Plan upon your termination to a maximum of \$250,000.
- The individual insurance policy you select shall be either:
 1. Any one of the regular policies other than term insurance customarily being issued by our insurer at the time of your conversion, or
 2. A non-renewable term insurance policy to age 65, or
 3. A one year non-renewable term insurance policy with premiums payable not more frequently than quarterly.

GROUP LIFE CONVERSION OPTION

Please note – other restrictions may apply.

In order to convert any amount of your Basic Life or Optional Life Insurance coverage to an individual policy, you must consult with a financial security advisor. Consulting with a financial security advisor will ensure that you receive the professional advice required to make an informed decision.

The Group Life Conversion Option form must be completed as application for conversion. Please obtain the form from www.3shealth.ca or from your participating employer.

GROUP LIFE CONTINUATION

If you retire prior to age 65, you have the option to continue your Group Life Insurance coverage to age 65 if you meet one of the following conditions:

- You are age 55 or older and have worked for your participating employer continuously for at least 10 years and are enrolled in the Group Life Insurance Plan on the date of your retirement.
- You are age 55 or older and have been a member of the 3sHealth Group Life Insurance Plan continuously for at least 10 years (Continuously means that you have not had a break in Plan membership for more than six months.)
- You are a member of the Saskatchewan Healthcare Employee's Pension Plan (SHEPP) and are entitled to an immediate unreduced pension on the basis that your age, when added to your credited service, equals 80 or more.
- You are a member of the Public Service Superannuation Plan, the Public Employees Pension Plan or the Regina Civic Plan and are entitled to an immediate unreduced pension.

The amount of insurance you elect to continue must be equal to or less than the amount of insurance you had in force with the 3sHealth Group Life Insurance Plan upon your retirement. Premiums for your Group Life Insurance will be deducted from your monthly SHEPP pension. If you are not receiving SHEPP pension, 3sHealth will invoice you for your monthly premiums and payments must be made through automatic withdrawal.

If you elect to continue your Group Life Insurance coverage, you may cancel or reduce your coverage at any time. Please note that once you cancel your coverage you will not be eligible for re-enrollment.

In order to apply for Group Life Continuation upon early retirement, you must complete the 3sHealth Group Life Continuation form. 3sHealth Employee Benefits will forward the Group Life Retirement Optional form to you along with a letter once we have received notification of your retirement from your participating employer. You must advise 3sHealth of your decision to continue your Group Life Insurance within 60 days of your retirement.

RETIRED PLAN MEMBER LIFE INSURANCE BENEFIT

If you retire at age 65, and have worked for your employer for at least ten (10) consecutive years and you are enrolled in the Group Life Insurance Plan on the date of your retirement, you will be eligible to receive a \$5,000 Retired Plan Member Life Insurance Benefit certificate.

The Retired Plan Member Life Insurance Benefit is payable to your named beneficiary upon your death.

If you retire early and elect to continue your Group Life Insurance coverage until age 65, you will not be eligible for the Retired Plan Member Life Insurance Benefit until the end of your early retirement coverage, or age 65, whichever is earlier.

Prior to issuing your Retired Plan Member Life Insurance Benefit certificate, 3sHealth Employee Benefits will confirm your beneficiary designations with you.

EARLY DEATH BENEFIT PAYMENT

In the event an employee is diagnosed with a terminal illness, the employee may request an Early Death Benefit payment from the Insurer. In order to be eligible for an Early Death Benefit Payment, the life expectancy of the employee must be less than twenty-four (24) months.

Payment of the Early Death Benefit will be at the discretion of the Insurer. The employee will be required to complete an Advance Payment Request Form as application for the Early Death Benefit. The Advanced Payment Request Form must be signed by the employee, the participating employer, and the employee's attending physician.

If the employee receives an Early Death Benefit payment from the Insurer, the Basic Life Insurance amount payable to the employee's named beneficiary(ies) will be reduced by the Early Death Benefit payment amount.

DESIGNATING YOUR BENEFICIARY

One of the most important rights that an insured person has is the right to designate the beneficiary. You may designate or change your beneficiary at any time by completing the appropriate form. You may obtain this form from your participating employer.

When you designate your beneficiary you are creating a legally binding document. Both the insured person and the insurance company have a responsibility to ensure that life insurance benefits are paid to the correct person(s).

There are two kinds of beneficiaries: a *Primary* beneficiary and a *Contingent* beneficiary. A Primary beneficiary is the person or persons who will receive the policy proceeds when you die. A Contingent beneficiary is the person or persons who will receive the policy proceeds if your Primary beneficiary should die before you.

You may name any person as your beneficiary such as your spouse, parent, or child. You may designate more than one beneficiary. You may also name a legal entity as your beneficiary such as your estate or a charitable organization. If you choose to name a charitable organization as a beneficiary, the full legal name and address of the charitable organization is required.

You may name your child(ren) as your beneficiary. If you name a minor child or children under the age of 18 as a Primary or Contingent beneficiary, you must appoint a *Trustee*. Upon your death, the Trustee will receive the policy proceeds and has a legal duty to use those proceeds for the benefit of the minor child. You will want to appoint someone as the Trustee who is capable of managing the policy proceeds wisely. If you do not appoint a Trustee, payment will go to the Public Trustee in the child's province of residence or to a court-appointed property guardian.

DESIGNATING YOUR BENEFICIARY

If you designate multiple beneficiaries, you may indicate the portion (percentage) of the policy proceeds you would like to give each of the named persons. If you do not detail a percentage of the benefit for each person, the policy proceeds will be divided equally among all of your named beneficiaries

For additional information about beneficiaries, please refer to the back of your Enrolment Information Form or go to www.3shealth.ca for the *Designating a Beneficiary 3sHealth Group Life Insurance Plan* brochure.

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