

Blue Vision[®]

SMEPlan

Small and Medium Enterprises

**Coverage tailored
to your needs...**



SMEPlan

As an SME owner or employee, the **SME Plan** offers you the possibility to choose your health coverage to protect you in the event of difficult situations.

The **SME Plan** lets you subscribe to certain amounts of insurance coverage **without filling out a complete health statement**.



You also get access to our Assistance Program at no extra charge. This program provides services and privileges for your well-being.

- ◆ Health and Legal Information
- ◆ Support and Services
- ◆ Information and Prevention
- ◆ Member Discounts



Savings on medical supplies and equipment, vision care and other products and services from participating providers across Canada.

SME Plan eligibility

To be eligible for benefits under the **SME Plan**:

- ◆ You must be a beneficiary in the meaning of the health and hospital insurance legislation in your province of residence.
- ◆ You may not be hospitalized and/or disabled on the day the contract comes into effect.
- ◆ For SME applicants belonging to a business with a minimum of **3 employees** and less than 5 employees benefit selection includes Regular or Enhanced Extended Health, Dental Care and Basic or Deluxe Drug benefits only. An additional health declaration is required. Please see SME Guidelines for complete enrolment criteria.

To be entitled to amounts with completing a shortened health statement you must have completed the SME form.

SME Plan benefit commencement

SME Plan benefits take effect when the application is approved by Blue Cross®, provided it is approved without modification, and that no changes in your insurability have occurred since the application was signed.

Otherwise, the benefits only take effect when delivered to the policyholder, provided no changes in your insurability have occurred since the application was signed.

SPECIAL PROVISIONS

Contract renewal

The contract is renewed from year to year on the contract anniversary date, even if you are no longer employed with **the same company**.

Blue Cross may not cancel a contract before you reach the maximum age under each benefit, provided the premium is paid.

Contract amendment

On renewal, Blue Cross sets the premium amount for the next 12 months. You must be advised of any change in premium at least 30 days before the anticipated renewal date.

Blue Cross reserves the right to modify unit rates at the time of contract renewal, provided unit rates of all identical contracts are modified.

DISABILITY

A choice according to your professional category...

This essential benefit protects you anywhere in the world 24 hours a day in case of total disability due to accident only or to accident and illness.

ELIGIBILITY
Age 16 to 64

AMOUNTS OF INSURANCE OFFERED
(in \$100 increments)

| SME EMPLOYEES WITHOUT DISABILITY INSURANCE | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|--|-------------------|----------------------|
| With a shortened declaration | \$500 to \$1,300 | \$500 to \$1,500 |
| With a complete health statement | \$500 to \$6,000 | \$500 to \$6,000 |

| SME EMPLOYEES WITH DISABILITY INSURANCE | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|---|-------------------|----------------------|
| With a shortened declaration | \$500 to \$2,000 | \$500 to \$3,000 |
| With a complete health statement | \$500 to \$6,000 | \$500 to \$6,000 |

In addition, you must work at least 20 hours a week.

BENEFIT PERIOD

2 years 5 years To age 65

WAITING PERIOD (days)

0* 14 30 60 90 120

* This waiting period is available for the DISABILITY DUE TO ACCIDENT benefit only.

If you select a waiting period less than 120 days, but your disability requires hospitalization for more than 18 hours, benefits are payable as of the first day following your hospitalization.

In case of day surgery, the hospital stay is equivalent to 18 hours of hospitalization.

Consecutive periods of disability (minimum five days per period) for the same cause may be accumulated to satisfy waiting periods of 30 days or more.

(Categories 4A and 3A)

Consecutive periods of disability may be accumulated over a period of 365 days.

(Categories 2A, A and B)

Consecutive periods of disability may be accumulated over a period of 180 days.

Premium determination - DISABILITY DUE TO ACCIDENT

The premium is levelled until the contract anniversary coinciding with or following your 65th birthday and determined based on your age at issue.

Thereafter, the premium is established in accordance with the limitations on the benefit period and the new amount insured under this benefit.

Premium determination - DISABILITY DUE TO ILLNESS

If you have selected the LEVEL-PREMIUM option, the premium is levelled and determined based on your age at issue.

Automatic benefit increase

If you are under 55 years of age, you may select this benefit, which automatically increases the amount of your insured monthly benefit on the date your contract is renewed.

Organ donation - DISABILITY DUE TO ILLNESS

If you become totally disabled due to transplant of an organ from your body to another person, you are eligible for organ-donation related disability insurance benefits, provided your disability insurance protection was effective for at least 12 months before the onset of disability.

Waiver of premiums

If you become totally disabled before your 60th birthday, you are not required to pay premiums for coverage under this benefit as of the expiration date of the waiting period and for as long as you remain totally disabled, though not beyond the contract anniversary coinciding with or following your 65th birthday.

Indexation of benefits (optional clause)

After a disability lasting more than 12 months, benefits paid for a continuing total disability are indexed every year on January 1st according to the *Consumer Price Index* published in October of the previous year by *Statistics Canada*, to a maximum indexation of 3%.

Integration

The total benefit is reduced from the initial amount payable for total disability in consideration of the following:

- ◆ Any federal or provincial plan
- ◆ Any other federal or provincial law

If you are enrolled in one or more DISABILITY INSURANCE, DISABILITY - HYBRID COVERAGE, MONTHLY INDEMNITY or MONTHLY INDEMNITY EXPRESS benefits with Blue Cross, then these benefits are treated like a single benefit and only one integration calculation is performed with the total of the amounts insured.

Partial disability

(Categories 4A and 3A)

(with remunerative work at the onset of disability)

In the event of partial disability due to accident or illness, Blue Cross undertakes to make monthly benefit payments equal to the following:

- ◆ 50% of the benefit under your contract for the first 24 months of partial disability, and
- ◆ 25% of the benefit under your contract for any partial disability, and lasting more than 24 months, without exceeding the benefit period under your contract.

**(Categories 4A and 3A)
(without remunerative work at the onset of disability)**

In the event of partial disability as a result of a total disability due to accident or illness and lasting at least the duration of the waiting period and not less than 30 days, Blue Cross undertakes to make monthly benefit payments equal to the following:

- ◆ 50% of the benefit under your contract for the first 24 months of partial disability, and
- ◆ 25% of the benefit under your contract for any partial disability, and lasting more than 24 months, without exceeding the benefit period under your contract.

(Categories 2A, A and B)

In the event of partial disability as a result of a total disability due to accident or illness and lasting at least the duration of the waiting period and not less than 30 days, Blue Cross undertakes to make monthly benefit payments equal to 50% of the benefit under your contract for a maximum benefit period of 12 months.

**Lump-sum payment upon permanent total disability
DISABILITY DUE TO ACCIDENT**

Twelve months after any accident that causes permanent total disability, Blue Cross undertakes to pay, in addition to any other amounts provided for in the contract, a lump sum equal to 50 times the monthly benefit chosen (to a maximum of \$100,000), provided you are still surviving at that time.

Permanent total disability as defined in this benefit must be proved to the Insurer's satisfaction within 12 months of the accident and before your 65th birthday.

Extension of benefits

If you work on commission and you are totally disabled for more than six months, you are entitled, on your return to work, to a maximum of three additional months of benefits per disability.

The amount of the additional benefit shall be a percentage of the monthly benefit payable during the month preceding your return to work:

| | |
|-----|---|
| 75% | for the first month of your return to work |
| 50% | for the second month of your return to work |
| 25% | for the third month of your return to work |

**Insurance extension in case of unemployment
DISABILITY DUE TO ACCIDENT**

During a period of unemployment, you remain insured for the first 12 months of unemployment in case of total disability due to accident.

**Insurance extension in case of unemployment
DISABILITY DUE TO ILLNESS**

You remain insured for the first 12 months of a period of unemployment in case of total disability due to one of the following diseases: cerebrovascular accident (stroke), cancer, heart attack, terminal renal insufficiency (kidney failure) or coronary artery bypass.

Limitations - DISABILITY DUE TO ACCIDENT

On the contract anniversary coinciding with or following your 65th birthday, the monthly benefit for disability due to accident may not exceed \$500 and the maximum benefit period is one year.

Important definitions

Activities of daily living: eating, dressing, using the toilet, transferring, bathing/showering.

**Total disability
(if you are less than 65 years of age)**

Occupational category 4A

- ◆ **Total disability** means that you are unable, due directly to accident or illness independently of any other cause, to perform the major duties of the occupation in which you were engaged at the onset of total disability

Occupational category 3A

- ◆ **Total disability** means, during the first 60 months of benefit payments, that you are unable, due directly to accident or illness independently of any other cause, to perform the major duties of the occupation in which you were engaged at the onset of total disability.

Thereafter, **total disability** means that you are unable, due directly to accident or illness independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

Other occupational categories: 2A, A and B

- ◆ **Total disability** means, during the first 24 months of benefit payments, that you are unable, due directly to accident or illness independently of any other cause, to perform the major duties of the occupation in which you were engaged at the time you became totally disabled.

Thereafter, **total disability** means that you are unable, due directly to accident or illness independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

For all occupational categories, to be considered **totally disabled**, you must be under the continuous medical care of a physician providing care suitable for your disability at an appropriate frequency, and you must not be engaged in any remunerative work.

**Total disability
(if you are 65 years of age or older)**

- ◆ **Total disability** means that you are unable, due directly to accident or illness independently of any other cause, to perform all of the normal activities of a person of your age and sex.

However, you cannot be considered **totally disabled** during any period in which you are not under the continuous care of a physician or you are engaged in remunerative work.

All occupational categories

Total disability in case of unemployment means that you are unable, due directly to accident or illness independently of any other cause, of looking for remunerative work for which you are reasonably suited by education, training or experience.

Permanent total disability means a permanent and irreversible inability to perform unassisted at least one activity of daily living and any remunerative work.

Partial disability means that you are not totally disabled but that one of the following applies due to accident or illness, depending on the benefit you have selected:

- ◆ You are unable to perform one or more of the major duties of your occupation.
- ◆ You are unable to work more than half the normal required hours per week.

In all cases, you must be under the continuous care and treatment of a physician.

End of coverage - DISABILITY DUE TO ILLNESS

This coverage ends on the contract anniversary coinciding with or following your 65th birthday.

REGULAR OCCUPATION DISABILITY

Depending on your occupational category, you can improve the definition of total disability in the "Disability" benefit or benefits you selected.

| OCCUPATIONAL CATEGORIES | REGULAR OCCUPATION BENEFIT PERIOD |
|-------------------------|-----------------------------------|
| B, A and 2A | 5 years |
| B, A, 2A and 3A | To age 65 |

ELIGIBILITY
Age 16 to 64

Premium determination

If you selected the LEVEL-PREMIUM option for the DISABILITY DUE TO ILLNESS benefit, the premium is levelled and determined based on your age at issue.

Specific definitions

If you have remunerative work at the onset of disability, the following definition applies:

Total disability means that you are unable, due directly to illness or accident independently of any other cause, to perform the major duties of the occupation in which you were engaged at the onset of disability.

This definition applies for the waiting period and for the regular occupation benefit period you have selected.

Thereafter, **total disability** means that you are unable, due directly to illness or accident independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

In all cases, you must be under the continuous care of a physician providing medical care suitable for the disability at an appropriate frequency and must not be engaged in any remunerative work.

If you are without remunerative work at the onset of disability, the following definition applies:

Total disability means that you are unable, due directly to illness or accident independently of any other cause, to perform your usual daily tasks and any other tasks for which you are reasonably qualified by education or experience.

You must be under the continuous care of a physician providing medical care suitable for the disability at an appropriate frequency and must not be engaged in any remunerative work.

This definition applies for the waiting period and for the benefit period you have selected.

End of coverage

Coverage under this benefit ends on the earlier of the following dates:

- ◆ The contract anniversary coinciding with or following your 65th birthday
- ◆ The date on which your "Disability" benefit or benefits end

PREMIUM REFUND (65) - DISABILITY

Under this benefit, Blue Cross will refund a percentage of the premiums you paid for the "Disability" benefit or benefits you selected.

On the contract anniversary coinciding with or following your 65th birthday, Blue Cross will refund a percentage of the premiums paid for this benefit and for the DISABILITY DUE TO ACCIDENT or the DISABILITY DUE TO ACCIDENT and ILLNESS benefit.

The percentage applicable is indicated below and depends on your age at the time the application was signed.

| AGE WHEN THE APPLICATION WAS SIGNED | PERCENTAGE OF PREMIUMS REFUNDED |
|-------------------------------------|---------------------------------|
| Age 16 to 45 | 50% |
| Age 46 or over | 0% |

In all cases, claims paid under the DISABILITY DUE TO ACCIDENT and the DISABILITY DUE TO ILLNESS benefits are subtracted from the refund.

ELIGIBILITY
Age 16 to 45

Early refund

If you terminate this benefit before your 65th birthday, Blue Cross will reduce the refund by 0.416% for every month prior to your 65th birthday that this benefit is not in effect.

In any case, the refund may not be made before your 60th birthday.

Premium determination

The premium is levelled and determined based on your age at issue.

End of coverage

Coverage under this benefit ends on the earlier of the following dates:

- ◆ The date on which the full refund to which you are entitled under this benefit is paid
- ◆ The date on which your "Disability" benefit or benefits end

MONTHLY INDEMNITY

You can select disability protection that covers you 24 hours a day anywhere in the world in case of accident only or accident and illness.

Monthly indemnity due to accident

ELIGIBILITY AND MAXIMUM AMOUNT OF INSURANCE OFFERED

| | |
|--------------|---------------|
| Age 16 to 69 | Up to \$2,000 |
| Age 70 to 79 | Up to \$500 |

AMOUNTS OF INSURANCE OFFERED

(in \$100 increments)

| SME EMPLOYEES WITHOUT DISABILITY INSURANCE | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|--|-------------------|----------------------|
| With a shortened declaration | \$100 to \$1,300 | \$100 to \$1,500 |
| With a complete health statement | \$100 to \$2,000 | \$100 to \$2,000 |

| SME EMPLOYEES WITH DISABILITY INSURANCE | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|---|-------------------|----------------------|
| With a shortened declaration | \$100 to \$2,000 | \$100 to \$2,000 |

BENEFIT PERIOD

1 year 2 years 5 years To age 65

Benefit period offered after age 69 is one year.

WAITING PERIOD

0 days 14 days 30 days 120 days

Monthly indemnity due to illness

ELIGIBILITY AND MAXIMUM AMOUNT OF INSURANCE OFFERED

Age 16 to 64 Up to \$2,000

AMOUNTS OF INSURANCE OFFERED

(in \$100 increments)

| SME EMPLOYEES WITHOUT DISABILITY INSURANCE | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|--|-------------------|----------------------|
| With a shortened declaration | \$100 to \$1,300 | \$100 to \$1,500 |
| With a complete health statement | \$100 to \$2,000 | \$100 to \$2,000 |

| SME EMPLOYEES WITH DISABILITY INSURANCE | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|---|-------------------|----------------------|
| With a shortened declaration | \$100 to \$2,000 | \$100 to \$2,000 |

BENEFIT PERIOD

1 year 2 years 5 years

WAITING PERIOD

14 days* 30 days* 120 days

* The waiting period does not apply if the illness requires day surgery or hospitalization for more than 18 hours.

Bonus benefit - MONTHLY INDEMNITY DUE TO ACCIDENT

Blue Cross will pay you a lump-sum amount equal to one monthly benefit payment if you become paralyzed as a result of a disability caused by an accident.

Bonus benefit - MONTHLY INDEMNITY DUE TO ILLNESS

Blue Cross will pay you a lump-sum amount equal to one monthly benefit payment if you become disabled as a result of one or more of the following critical illnesses:

- ◆ Cancer
- ◆ Cerebrovascular accident (stroke)
- ◆ Coronary artery bypass
- ◆ Heart attack
- ◆ Terminal renal insufficiency (kidney failure)

Lump-sum payment upon permanent, total disability MONTHLY INDEMNITY DUE TO ACCIDENT

Twelve months after any accident that causes permanent total disability, Blue Cross undertakes to pay, in addition to any other amounts provided for in the contract, a lump sum equal to 50 times the monthly benefit chosen, provided you are still surviving at that time.

Permanent total disability as defined in this benefit must be proved to the Insurer's satisfaction within 12 months of the accident and before your 65th birthday.

Waiver of premiums

If you become totally disabled before your 60th birthday, you are not required to pay premiums for coverage under this benefit as of the fourth month after the onset of total disability and for as long as you remain totally disabled, though not beyond the contract anniversary coinciding with or following your 65th birthday.

Premium reimbursement

If you are less than 45 years of age when you sign the application, we will refund 50% of the premiums paid for this benefit when you reach age 65.

If you cancel this benefit before you reach age 65, the refund will be reduced by 0.416% for each month of early termination. In all cases, the refund may not be made before your 60th birthday.

Any claims paid for any benefits provided for in your contract are deducted from the refund.

Integration

The total benefit is reduced from the initial amount payable for total disability in consideration of the following:

- ◆ Any federal or provincial plan
- ◆ Any other federal or provincial law

If you are enrolled in one or more DISABILITY INSURANCE, DISABILITY - HYBRID COVERAGE, MONTHLY INDEMNITY or MONTHLY INDEMNITY EXPRESS benefits with Blue Cross, then these benefits are treated like a single benefit and only one integration calculation is performed with the total of the amounts insured.

Partial disability

Should you become partially disabled for a period of time equal to that of the waiting period as a result of an accident or illness that entitles you to benefit payments, Blue Cross will pay you a monthly benefit equivalent to 50% of the benefit provided for in your contract, for a maximum of 30 days.

Important definitions

Partial disability means that you are unable, due to accident or illness, to perform many of your usual daily duties or tasks. This definition applies whether or not you have remunerative work.

Total disability, if you have remunerative work, means, during the first 24 months of benefit payments, that you are unable, due directly to accident or illness independently of any other cause, to perform the major duties of the occupation in which you were engaged at the time you became totally disabled.

Thereafter, **total disability** means that you are unable, due directly to accident or illness independently of any other cause, to engage in any occupation for which you are reasonably suited by education, training or experience.

To be considered **totally disabled**, you must be under the continuous care of a physician providing care suitable for your disability at an appropriate frequency and you must not be engaged in any remunerative work.

Permanent total disability means a permanent and irreversible inability to perform usual daily tasks or any remunerative work.

Limitations - MONTHLY INDEMNITY DUE TO ACCIDENT

Benefits payable due to herniated disc, as cause or effect, are for a maximum of six months per event.

At age 70, the monthly benefit may not exceed \$500 and the maximum benefit period is one year.

Any reduction in the amount of insurance coverage due to age applies only to renewal following your birthday.

Limitations - MONTHLY INDEMNITY DUE TO ILLNESS

Benefits payable due to herniated disc, as cause or effect, are for a maximum of six months per event.

Benefits payable for total disability resulting from a muscular or spinal disorder are for a maximum of six months per event.

End of coverage - MONTHLY INDEMNITY DUE TO ILLNESS

This MONTHLY INDEMNITY DUE TO ILLNESS coverage ends on the contract anniversary coinciding with or following your 65th birthday.

OVERHEAD EXPENSES

This benefit pays operating expenses in case of total disability due to accident or illness.

ELIGIBILITY

Age 16 to 64

AMOUNTS OF INSURANCE OFFERED

(in \$100 increments)

| | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|----------------------------------|---|---|
| With a shortened declaration | \$300 to \$500 for all categories | N/A |
| With a complete health statement | \$300 to \$6,000 for categories 4A, 3A, 2A, A and B | \$300 to \$6,000 for categories 4A, 3A, 2A, A and B |

Eligible overhead expenses

Expenses related to the place of business prorated to the space used to run the business:

- ◆ Rent or mortgage payments
- ◆ Property tax
- ◆ Water tax
- ◆ Electricity
- ◆ Heating including natural gas, fuel, etc.
- ◆ Fixed telephone
- ◆ Accounting services
- ◆ Maintenance contract
- ◆ Property, fire and theft insurance

The following are excluded:

- ◆ Income taxes (personal and corporate)

Expenses related to machinery, equipment or any motor vehicle (car or truck) in the proportion used to run the business:

- ◆ Insurance premiums (monthly amount)
- ◆ License plate (monthly amount)
- ◆ Parking fees contract (monthly amount)
- ◆ For a purchase: monthly amount equivalent to interest on the loan and amortization
- ◆ For a lease: monthly amount of the lease

The following are excluded:

- ◆ Maintenance and repair costs
- ◆ Driver's licence
- ◆ Fuel (petrol, propane, oil)

Expenses related to running the business:

- ◆ Employees' wages (only for firms with five employees or less)
- ◆ Business taxes and permits
- ◆ Postage and postal charges
- ◆ Communication services, mobile phone, internet
- ◆ Laundering
- ◆ Advertising (contract)
- ◆ Membership and/or registration fee with a professional association (monthly amount)
- ◆ Civil or professional liability insurance (monthly amount)
- ◆ Other usual fixed costs necessary to run a business

The following are excluded:

- ◆ Any portion of a loan or lease covered by another insurer
- ◆ Expenses for which the Primary Insured was not liable prior to disability
- ◆ Overdue invoices (expenses incurred prior to the Primary Insured's disability)
- ◆ Legal fees
- ◆ Moving expenses
- ◆ Travel expenses
- ◆ Representation expenses
- ◆ Cost of merchandise, products or services sold
- ◆ Professional books
- ◆ Accessories, equipment or supplies
- ◆ Primary Insured's salary or that of any colleague replacing him/her

WAITING PERIOD

(Accident and illness)

30 days 30M days

If you select the 30M-day waiting period, the benefit is payable on the first day following an accident or a hospitalization of more than 18 hours.

BENEFIT PERIOD

2 years

Premium determination

If you have selected the LEVEL-PREMIUM option, the premium is levelled and determined based on your age at issue.

Important definitions

Overhead expenses are the costs and fees related to running a commercial or professional business.

Expenses must be incurred while the Primary Insured is disabled.

Should expenses be shared with other parties, the Insurer will only cover the Primary Insured's part.

Total disability means that you are unable, due directly to accident or illness, independently of any other cause, to perform the major duties of the occupation in which you were engaged at the time you became totally disabled.

To be considered **totally disabled**, you must be under the continuous care of a physician providing care suitable for your disability at an appropriate frequency and you must not be engaged in any remunerative work.

Waiver of premiums

If you become totally disabled before your 60th birthday, you are not required to pay premiums for coverage under this benefit as of the fourth month after the onset of total disability and for as long as you remain totally disabled, though not beyond the contract anniversary coinciding with or following your 65th birthday.

End of coverage

This coverage ends on the contract anniversary coinciding with or following your 65th birthday.

HOSPITAL ALLOWANCE

This coverage provides for payment of a daily allowance if you or a member of your family are hospitalized for short-term care due to accident or illness.

ELIGIBILITY

Age 16 to 74

AMOUNTS

OF INSURANCE OFFERED

(in \$25 increments)

With a shortened declaration

\$25/day

With a complete health statement

\$25 to \$100/day

WAITING PERIOD

None

If you elect the family or single-parent plan, the amount offered for your child or children is equivalent to 40% of the amount of insurance you have selected.

The allowance is doubled if you are hospitalized (maximum of 30 days per hospitalization) outside your province of residence at least 50 km from your principal residence.

Moving allowance

If you have to move to a residential and long-term care centre following hospitalization, Blue Cross will pay you a lump-sum amount of \$1,000 to cover your moving expenses.

If you were not hospitalized before moving, Blue Cross will pay you a lump-sum amount of \$500.

For the lump-sum amount to be payable, the benefit must be effective for at least 12 months.

Maximum benefit

The maximum lifetime benefit is 1,000 days for each person insured.

Important definitions

Hospitalization means admission to a hospital to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Covered short-term care comprises preventive care, medical diagnosis and medical treatment (including surgery) for an acute illness and does not include convalescent care and physical or mental rehabilitation.

In case of day surgery, your hospital stay is equivalent to 18 hours of hospitalization.

Residential and long-term care centre means an establishment that offers, on a permanent basis, lodging, assistance, support, supervision and psychosocial services for those who have experienced a loss of functional or psychosocial autonomy, especially elderly people who can no longer live in their current life environment.

Limitations

This benefit must be in effect for at least six months for entitlement to allowances in the event of hospitalization for pregnancy, childbirth or miscarriage. However, if the hospitalization occurs between the sixth and the ninth month after the insurance comes into effect, an allowance of \$10 per day of hospitalization shall be paid, to a maximum of three days.

No allowance shall be paid for the five years following the coming into effect or reinstatement of the insurance in the event of hospitalization for anything other than an accident if, on the commencement date or the reinstatement date of the contract and the benefit, you had acquired immunodeficiency syndrome (commonly known as AIDS) or were a carrier of HIV.

Reduction

The benefit is reduced by 50% when you reach age 70.

TERM LIFE 65

You can select an amount of insurance up to **\$1,000,000**.

ELIGIBILITY
Age 16 to 64

AMOUNTS OF INSURANCE OFFERED
(in \$5,000 increments)

| | 5 TO 10 EMPLOYEES | 11 EMPLOYEES OR MORE |
|----------------------------------|-----------------------------------|-----------------------------------|
| With a shortened declaration | \$5,000 to \$30,000 for employees | \$5,000 to \$40,000 for employees |
| | \$5,000 to \$10,000 for spouse | \$5,000 to \$10,000 for spouse |
| With a complete health statement | \$5,000 to \$1,000,000 | \$5,000 to \$1,000,000 |

Premium determination

If you have selected the LEVEL-PREMIUM option, the premium is levelled and determined based on your age at issue.

Automatic benefit increase

If you are under 55 years of age, you may select this benefit, which automatically increases the amount of your insurance on the date your contract is renewed.

Conversion privilege

If you cancel this coverage, you are entitled to purchase an individual life insurance policy in the 31 days following termination of your insurance, provided you apply in writing using the application form provided for this purpose.

Waiver of premiums

If you become totally disabled before your 60th birthday, you are not required to pay premiums for coverage under this benefit as of the fourth month after the onset of total disability and for as long as you remain totally disabled, though not beyond the contract anniversary coinciding with or following your 65th birthday.

Suicide

In case of suicide or consequences of any suicide attempt within 24 months of the effective date or the reinstatement date of this coverage (or of any increase in the amount insured), whether or not you are of sound mind at the time of the suicide or suicide attempt, this benefit (or the increase, as the case may be) shall be null and void.

Accelerated benefit

The accelerated benefit is an advance made in a single payment secured by the amount of life insurance under this coverage that bears interest at a rate set by Blue Cross when the request is approved. The amount of the lump-sum payment, plus any interest incurred, is deducted from the benefit payable on decease.

You are eligible for an accelerated benefit as of the third anniversary of the contract for this coverage.

You are entitled to 60% of the amount insured if you can demonstrate that you are terminally ill with a life expectancy of no more than 12 months.

The remainder of the amount insured will be paid at the time of death, provided that in the meantime the premiums have been regularly paid.

End of coverage

This coverage ends on the contract anniversary coinciding with or following your 65th birthday.

BASIC OR DELUXE CHILDREN'S CRITICAL ILLNESS PACKAGE

If you select the BASIC OR DELUXE CHILDREN'S CRITICAL ILLNESS PACKAGE benefit, you must also purchase the BASIC OR DELUXE PRESCRIPTION DRUG BENEFIT for the parents.

Should your child be diagnosed with one of the illness or conditions covered under this benefit, a lump-sum amount will be paid to you if it is a critical illness, and a percentage of this amount if it is a non-critical illness. However, your child must survive at the end of the 30-day survival period for the benefit to be collected.

\$15,000 FOR BASIC COVERAGE
\$25,000 FOR DELUXE COVERAGE

Critical illness

Blue Cross undertakes to pay 100% of the amount insured specified. However, the amount insured may be paid only once per Insured Child.

Non-critical illness

Blue Cross undertakes to pay 10% of the amount insured selected.

Reimbursement of expenses in case of critical or non-critical illness

Blue Cross undertakes to reimburse eligible expenses if the Insured Child is diagnosed with a critical or non-critical illness covered under this benefit.

ELIGIBLE EXPENSES

Adaptation

Cost of services of an occupational therapist and of adaptations to the Insured Child's car and principal residence rendered necessary as a result of a critical or non-critical illness, to a lifetime maximum benefit of \$5,000 per Insured Child, should the Insured Child suffer a permanent motor impairment.

The Insurer reserves the right to ask for new professional assessments if the Insurer considers the costs specified in the occupational therapist's report to be excessive.

- A copy of the deed of the home if the Policyholder is the owner, or the landlord's agreement to performing the work if the Policyholder is a tenant
- Agreement of the municipality, in case of special accommodations

When the Insurer has approved the adaptations, a written confirmation will be sent to the Policyholder specifying the benefit granted, which will be equivalent to the least costly estimate. The Insurer shall also stipulate how the benefits will be paid (number of payments, timetable).

Travel expenses

Travel expenses incurred for the Insured Child to receive care or for medical follow-up, to a lifetime maximum of \$2,500 per Insured Child including the following expenses:

- \$0.25/kilometre for trips in a private car or for taxi fare, to a maximum of \$50 of eligible expenses per day including any costs for parking
- Costs to take the Insured Child by air or land to the chosen medical establishment outside the province of residence

Costs of household help and/or childcare

Costs of household help and/or childcare provided by a person not residing with the Insured Child, on recommendation of the attending physician, to help the Insured Child, to a daily maximum of \$25 and a lifetime maximum of \$1,000 per Insured Child.

27 critical illnesses covered:

Stroke (Cerebrovascular accident), Aplastic Anemia, Autism, Burns, Cancer, Blindness, Coma, Coronary Artery Bypass Surgery, Aortic Surgery, Type 1 Diabetes Mellitus, Muscular Dystrophy, Cystic Fibrosis, Heart attack (Myocardial infarction), Occupational HIV infection, Kidney failure, Motor Neuron Disease, Bacterial Meningitis, Paralysis, Cerebral Palsy, Loss of speech, Loss of autonomy, Loss of limbs, Heart Valve Replacement, Multiple Sclerosis, Deafness, Major Organ Transplant or Major Organ Failure on Waiting List, Benign Brain Tumour.

Accidental fracture

Blue Cross undertakes to pay the beneficiary the benefit indicated in the LUMP SUM PAYABLE table should the Insured Child suffer a fracture due to an accident that occurs during the coverage period.

The fracture must be diagnosed within thirty days of the accident.

Two non-critical illnesses covered under this benefit:

- Coronary Angioplasty
- Non Life-threatening Cancer

Lump Sum Payable

| FRACTURE | AMOUNT INSURED |
|---------------|----------------|
| Skull | \$2,500 |
| Spinal column | \$2,500 |
| Pelvis | \$2,500 |
| Femur | \$2,500 |
| Hip | \$2,500 |
| Sternum | \$625 |
| Larynx | \$625 |
| Trachea | \$625 |
| Scapula | \$625 |
| Coccyx | \$625 |
| Radius | \$625 |
| Humerus | \$625 |
| Ulna | \$625 |
| Kneecap | \$625 |
| Tibia | \$625 |
| Fibula | \$625 |
| Other bone | \$250 |

Accidental Death And Loss Of Use Benefits Table

| LOSS | % OF THE AMOUNT INSURED UNDER THE BASIC OR DELUXE CHILDREN'S CRITICAL ILLNESS PACKAGE BENEFIT |
|---------------------------------------|---|
| Life | 25% |
| Sight of both eyes | 100% |
| Both hands or both feet | 100% |
| One hand and one foot | 100% |
| One hand and sight of one eye | 100% |
| One foot and sight of one eye | 100% |
| Hearing and speech | 100% |
| One arm or one leg | 75% |
| One hand or one foot | 50% |
| Sight of one eye or hearing or speech | 50% |
| Thumb | 25% |
| Finger other than the thumb | 6.25% |

Limitations

- The maximum amount payable in one or more instalments for all losses subsequent to amputation of the thumb or fingers may not exceed 50% of the amount insured under the BASIC and DELUXE CHILDREN'S CRITICAL ILLNESS PACKAGE benefit selected.
- The maximum amount payable in one or more instalments for all losses over a period of 365 days stemming from any one accident may not exceed 100% of the amount insured specified in the benefit selected.

Tuition

Blue Cross undertakes to reimburse the Policyholder for eligible costs incurred due to an accident, a critical illness or a non-critical illness of the Insured Child.

ELIGIBLE EXPENSES

Total disability of a student

When a student becomes totally disabled as a result of an accident, a critical illness or a non-critical illness, Blue Cross will pay him/her \$200 per week (or \$28.75 per day in the case of an incomplete week) for the period between June 1 and August 31 immediately following the date of the accident or the diagnosis of the critical or non-critical illness, provided the student is still disabled during this period. A 7-day waiting period applies.

Academic rehabilitation

Tuition for private courses or for re-education, including school transportation, to a maximum of \$5,000 per accident or per critical or non-critical illness. The child must undertake rehabilitation within six months of the accident or the diagnosis of a critical or non-critical illness.

Guaranteed Insurability Option

Blue Cross will offer the Insured Child a new insurance policy with the same coverage he/she had as a dependent child under the existing policy, except for the Children's Critical Illness benefit.

The new insurance policy will be issued as an individual coverage without further medical underwriting.

The Insured Child will have 60 days from the date he/she stops meeting the criteria of the definition of a dependent child in the GENERAL PROVISIONS to request the GUARANTEED INSURABILITY OPTION.

The insurability is guaranteed even if the dependent child is hospitalized or is invalid at the time the new policy takes effect.

The insurability is not guaranteed if the present benefit was terminated for one of the following reasons:

- a) A benefit was paid for the Insured Child for a critical illness covered under section I of this benefit
- b) The Primary Insured cancelled the DRUG BENEFIT

End of coverage

Coverage for the Insured Child under this benefit ends on the earliest of the following dates:

- a) When the Insured Child no longer meets the criteria of the definition of Dependent Child in the GENERAL PROVISIONS
- b) The date on which the Primary Insured cancels the DRUG BENEFIT

REGULAR OR ENHANCED EXTENDED HEALTH BENEFIT

This benefit covers costs of medical and hospital expenses incurred by you or a member of your family in case of illness, pregnancy or injury.

ELIGIBILITY
Age 16 and over

Available with a shortened declaration

ELIGIBLE EXPENSES COVERED AT 100% WITHOUT DEDUCTIBLE

Hospitalization (private or semi-private accommodations), up to a maximum refund of \$200 per day, for a maximum duration of 90 days per calendar year.

A written recommendation from a physician is not required for items 1 through 9 below.

Benefits are payable only after the yearly maximum allowed under the Ontario Health Insurance Plan (OHIP) has been reached.

| SPECIALIST | FIRST VISIT | | SUBSEQUENT VISIT | | MAXIMUM NUMBER | |
|--|-------------|----------|------------------|----------|----------------|----------|
| | Regular | Enhanced | Regular | Enhanced | Regular | Enhanced |
| 1) Chiropractor <small>X-rays, up to a maximum refund of \$30 per calendar year for Regular coverage and \$40 for Enhanced coverage</small> | \$20 | \$25 | \$20 | \$25 | 25 | 25 |
| 2) Acupuncturist | \$20 | \$25 | \$20 | \$25 | 25 | 25 |
| 3) Osteopath | \$20 | \$25 | \$20 | \$25 | 25 | 25 |
| 4) Physiotherapist | \$20 | \$25 | \$20 | \$25 | 25 | 25 |
| 5) Podiatrist or Chiropodist | \$20 | \$25 | \$20 | \$25 | 25 | 25 |
| 6) Psychologist | \$80 | \$80 | \$65 | \$65 | 12 | 20 |
| 7) Speech therapist | \$65 | \$65 | \$45 | \$45 | 12 | 12 |
| 8) Naturopath | \$20 | \$25 | \$20 | \$25 | 25 | 25 |
| 9) Ophthalmologist or Optometrist <small>(for insured under age 65), up to a maximum refund of \$50 per two calendar years</small> | | | | | | |
| 10) Registered massage therapist | \$20 | \$25 | \$20 | \$25 | 20 | 20 |

ELIGIBLE EXPENSES COVERED AT 80% WITHOUT DEDUCTIBLE
(Regular or Enhanced coverage)

Hearing aids, (excluding batteries) up to \$300 every 60 months for Regular coverage and \$400 for Enhanced coverage, subject to a 3-month waiting period

Prostheses and accessories, up to a maximum refund of \$2,500 per calendar year

Nursing services and Home care services, up to a maximum refund of \$2,500 per calendar year

Surgical stocking, up to a maximum refund of \$100 per calendar year

Orthopedic shoes or podiatric orthoses, up to a maximum refund of \$200 per calendar year for both combined

Purchase or rental of equipment (crutches, walkers, canes, etc.), up to a maximum refund of \$2,500 per calendar year

Ambulance, amount equals costs not covered by the government plan

Dental treatment due to an accident, up to a maximum refund of \$2,000 per calendar year

FOR ENHANCED COVERAGE ONLY COVERED AT 100% WITHOUT DEDUCTIBLE

Vision care (lenses, frames, contact lenses or visual training including eye patches or laser vision correction surgery), up to a maximum refund of \$150 per two calendar years. This benefit is subject to a 3-month waiting period.

BASIC TRAVEL INSURANCE

If you select the **Enhanced coverage**, you are entitled to the BASIC TRAVEL INSURANCE benefit.

This benefit includes many advantages and services as well as procedures for worry-free settlements in case of trouble.

A simple and practical solution that lets you travel with peace of mind anywhere in the world. This coverage is offered under the Blue Vision contract for you or a member of your family.

Cover trips of 15 days or less

This convenient (annual multi-trip plan) and flexible protection lets you take care of your travel insurance needs once and for all, allowing you to leave any time during the year for periods of 15 days or less, while enjoying a variety of benefits.

\$5,000,000 hospital and medical benefit

No matter how often you travel during the year, you can count on a protection up to \$5,000,000.

Hospital, medical and paramedical expenses

In the event of illness or injury, your medical costs are covered so that your sole concern can be your speedy recovery:

- ◆ Hospitalization in a private or semi-private room
- ◆ Physician's fees
- ◆ Private nursing fees
- ◆ Professional services
- ◆ Laboratory tests costs
- ◆ Prescription drugs for emergency treatment
- ◆ Purchase or rental of medical equipment
- ◆ Costs associated with hospitalization
- ◆ Dental expenses due to an accident

Transportation costs

Blue Cross will see to it that you get where you need to be to receive the health care services you require, while your family and loved ones are there by your side:

- ◆ Repatriation to your home province
- ◆ Land or air ambulance services
- ◆ Return of a private or rental vehicle
- ◆ Baggage return
- ◆ Pet return
- ◆ Family visits to insureds in hospital
- ◆ Repatriation of the deceased

\$3,000 subsistence allowance

If your return, or that of a family member must be delayed due to illness or injury, you are allowed up to \$3,000 to cover the costs of meals and accommodations (maximum of \$300 per day).

Round-the-clock CanAssistance travel assistance

As soon as you subscribe to our travel insurance plan, you receive automatic access to our free travel assistance services. Wherever or whenever the need arises, you can rest assured that our experienced team of specialists will be there to help... in any of 100 different languages.

Travel insurance and more... a complete range of services

Wherever you may be, our expert medical team is committed to your care, ready to provide you with:

- ◆ Referrals to an appropriate physician, clinic or hospital
- ◆ Medical follow-up
- ◆ Interpreter services for emergency calls
- ◆ Communication with your family doctor
- ◆ Repatriation of an insured and his/her dependents to Canada
- ◆ Coordination of the return of a private or rental vehicle
- ◆ Coordination of claims with the *Ontario Health Insurance Plan (OHIP)*
- ◆ Payments and money transfers

Medical follow-up in Canada

In case of repatriation to Canada at the Insurer's expense after a hospital stay out of Canada, this coverage reimburses the following costs if they are incurred within 15 days of the repatriation.

| | |
|---|---|
| Semi-private room in a hospital, rehabilitation centre or a convalescent home | up to \$1,000 |
| Home nursing care fees when medically required | up to \$50 per day for a maximum of 10 days |
| Rental of devices (crutches, standard walker, canes, trusses, orthopedic corset and oxygen) | up to \$150 |
| Transportation (ambulance and/or taxi) to receive medical care | up to \$250 |

Important

Before departure, do not forget to refer to the PRE-EXISTING CONDITIONS for insureds age 61 or over and the EXCLUSIONS AND REDUCTIONS applicable to this benefit.

BASIC OR DELUXE DRUG BENEFIT

This benefit will reimburse you for the purchase cost of prescription drugs.

ELIGIBILITY

Age 16 to 64

| | |
|----------------------------------|-----------------|
| With a shortened declaration | Basic coverage |
| With a complete health statement | Deluxe coverage |

If you select the DRUG BENEFIT, you must also enrol the EXTENDED HEALTH BENEFIT, REGULAR or ENHANCED COVERAGE.

PRESCRIPTION DRUGS COVERED AT 80% WITHOUT DEDUCTIBLE

- ◆ Pay Direct drug card
- ◆ No lifetime maximum
- ◆ Reimbursement is based on the lowest-cost generic equivalent if available (a generic drug is a generally less expensive alternative to an interchangeable brand name drug product)

MAXIMUM OVERALL REIMBURSEMENT (per insured)

| | |
|---------------------------------------|----------|
| Basic coverage* Per calendar year | \$1,500 |
| Deluxe coverage* Per calendar year | \$10,000 |

* For any portion of a calendar year during which this benefit is effective, the maximum overall reimbursement is prorated for the number of complete months between the effective date of the benefit and December 31st of the same year.

End of coverage

This coverage ends on the contract anniversary coinciding with or following your 65th birthday.

EXTENDED HEALTH BENEFIT CATASTROPHE COVERAGE

The CATASTROPHE COVERAGE is a special type of benefit. It is specially designed to protect you against catastrophic accidents or illnesses.

ELIGIBILITY

Age 16 to 64

Available with a complete health statement

DEDUCTIBLE

| | |
|--------------------------|---------------------------------|
| Primary insured: \$2,500 | Couple coverage: \$2,500 |
| Family coverage: \$2,500 | Single-parent coverage: \$2,500 |

MAXIMUM OVERALL REIMBURSEMENT
(applicable only to sections 2, 3 and 4)
(per insured)
\$25,000 per event

ELIGIBLE EXPENSES COVERED AT 100% WITH DEDUCTIBLE
Section 1

Hospitalization (private or semi-private accommodations), up to a maximum refund of \$200 per day.

ELIGIBLE EXPENSES COVERED AT 100% WITH DEDUCTIBLE
Section 2

Benefits are payable only after the yearly maximum allowed under the *Ontario Health Insurance Plan (OHIP)* has been reached.

A written recommendation from a physician **is not** required for the following services:

- ◆ **Physiotherapist**, unlimited reimbursement
- ◆ **Psychologist**, unlimited reimbursement
- ◆ **Speech therapist**, unlimited reimbursement

ELIGIBLE EXPENSES COVERED AT 80% WITH DEDUCTIBLE
Section 3

- Prostheses and accessories**, unlimited reimbursement
- Nursing services and Home care services**, unlimited reimbursement
- Purchase or rental of equipment (crutches, walkers, canes, etc.)**, unlimited reimbursement
- Ambulance**, amount equals costs not covered by the government plan
- Dental treatment due to an accident**, up to a maximum refund of \$1,000 per tooth, per accident
- Laboratory analysis**, unlimited reimbursement
- CT scan**, unlimited reimbursement
- Ultrasound scans**, unlimited reimbursement
- Magnetic resonance imaging (MRI)**, unlimited reimbursement

ELIGIBLE EXPENSES COVERED AT 80% WITH DEDUCTIBLE
(for people under age 65)
Section 4

Prescription drugs

Reimbursement is based on the lowest-cost generic equivalent if available (a generic drug is a generally less expensive alternative to an interchangeable brand name drug product)

Limitation

No benefits are payable for prescription drugs once you are 65 years of age.

BASIC OR ENHANCED DENTAL CARE

This coverage provides for reimbursement of costs of the eligible services described below for you or a member of your family.

ELIGIBILITY
Age 16 and over

If you select the DENTAL CARE benefit, you must also purchase the EXTENDED HEALTH BENEFIT.

If you discontinue your DENTAL CARE benefit, you are no longer eligible, unless you can prove that you were covered by the DENTAL CARE benefit of another contract during this period.

The eligible amount for any insured service is the amount specified in the *Suggested Fee Guide for Dental Services for General Practitioners* (in effect on the date the services were rendered).

MAXIMUM OVERALL REIMBURSEMENT

Basic coverage

Preventive care and Basic care services are reimbursed at:

- ◆ 70% up to \$750, per insured per calendar year*

Enhanced coverage

Preventive care and Basic care services are reimbursed at:

- ◆ 70% for the first calendar year, up to \$750 per insured*
- ◆ 75% for the second calendar year, up to \$1,000 per insured
- ◆ 80% thereafter, up to \$1,250 per insured, includes major restorative services

* For any portion of a calendar year during which this benefit is effective, the maximum overall reimbursement is prorated for the number of complete months between the effective date of the benefit and December 31 of the same year.

BASIC DENTAL CARE

Includes the following:

PREVENTIVE CARE

- ◆ Examinations and diagnostic services
- ◆ Radiographs
- ◆ Laboratory tests
- ◆ Preventive services
- ◆ Case presentation and treatment planning

BASIC CARE

- ◆ Removal of erupted teeth (uncomplicated surgery)
- ◆ Restorative services
- ◆ Endodontics
- ◆ Periodontics
- ◆ Denture services
- ◆ Surgical services
- ◆ Adjunctive services

ENHANCED DENTAL CARE

Includes all services listed under Basic Dental Care, as well as the following:

MAJOR RESTORATIVE SERVICES

Major restorative services are reimbursed at 50% and not before the third year this benefit is in effect. Major restorative services are reimbursed up to a maximum of \$500 per calendar year. This maximum limit is within, and not in addition of, the MAXIMUM OVERALL REIMBURSEMENT.

- ◆ Extensive restorative procedures
- ◆ Prosthodontic services removable
- ◆ Prosthodontic services fixed bridge

All of the eligible services listed above are subject to the maximums specified in your contract.

IMPORTANT DEFINITIONS

Occupational categories

Category 4A

Professionals whose jobs require little physical effort or movement.

Category 3A

Professionals or technical staff not included in category 4A; clerical or technical employees, administrators or managers with jobs that demand a high degree of stability and responsibility.

Category 2A

People in certain technical fields who supervise workers in technical trades that are not dangerous or who perform specialized clerical duties.

Category A

Skilled workers in industries or trades that are not dangerous, including certain office employees and sales staff.

Category B

Manual labourers whose jobs, generally in construction or in a factory, are more physically demanding.

Category OO Other occupations

(available for the MONTHLY INDEMNITY benefit only)

All other occupations being refused or not classified in the categories mentioned above.

This guide summarizes the benefits under the SME Plan of the Blue Vision contract. It is not an insurance contract. The terms and conditions of your insurance are described in the contract issued by Blue Cross including certain exclusions, limitations and reductions. You have 10 days to review your insurance contract. We suggest that you read it carefully.

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† Trademark of Blue Cross Blue Shield Association.

Exclusion due to pre-existing conditions

(applicable for the TERM LIFE 65, MONTHLY INDEMNITY DUE TO ACCIDENT AND ILLNESS, DISABILITY DUE TO ACCIDENT AND ILLNESS and the OVERHEAD EXPENSES benefits)

With regard to any insured amount granted with the SME Form declaration, no benefit will be payable in case of a claim related to an event which occurred in the first 12 months following the effective date of the insurance if it stems from an illness or accident for which the insured received medical treatments in the 12-month period prior to the effective date of the insurance.

Exclusions

These EXCLUSIONS do not apply to all benefits described in this brochure and additional exclusions apply to certain benefits. For more information, refer to your insurance policy.

No benefits are payable for claims arising directly or indirectly from any of the following:

- ◆ Abuse of alcohol or drugs, or use of illegal drugs
- ◆ An accident sustained by the insured while participating in a sport for remuneration or in any kind of motor vehicle competition, race or speed contest
- ◆ Care in a residential and long-term care facility or a private convalescent home
- ◆ Care, treatment, services or products other than those deemed necessary by concerned healthcare professionals for treatment of the injury or disease
- ◆ Cosmetic care or treatment
- ◆ Expenses payable under any other insurance plan or services insured under any federal or provincial legislation or its regulations
- ◆ Experimental care or treatments, or new procedures or therapies not yet commonly used
- ◆ Attempted suicide or intentional self-injury, regardless of the insured's state of mind
- ◆ Voluntary or involuntary inhalation of gas or ingestion of poison or drugs
- ◆ The insured's active participation in a public confrontation, riot, insurrection, war or act of war (declared or not) or any other warlike act
- ◆ The insured's direct or indirect commission or attempted commission of a criminal act under the Criminal Code or under a similar law in another country
- ◆ The insured's operation of a motor vehicle or a boat with an alcohol level exceeding 80 mg per 100 mL of blood or under the influence of any drug
- ◆ The insured's participation in a flight or a flight attempt in any aircraft in any sort in any capacity other than that of a passenger
- ◆ The insured's service as an active member of the armed forces of any country



185 The West Mall, Suite 610
P.O. Box 2005
Etobicoke, Ontario M9C 5P1
1-866-396-3555
In Toronto : 416-640-3555
on.bluecross.ca

