

GROUP ACCIDENT AND INVOLUNTARY UNEMPLOYMENT INSURANCE

	Involuntary Unemployment Insurance (IUI)	Accidental Disability Insurance
Coverage	Pays monthly mortgage payments in the event of a lay-off.	Pays monthly mortgage payments if the insured is disabled due to an accident
Max Coverage	\$4,000 per month for a maximum of 6 months	\$4,000 per month for a maximum of 24 months
Waiting Period	30 days – client has to be involuntarily unemployed for 30 days before benefit starts. No retroactive payment. 90 days – if client is laid off within the first 90 days of the effective date of insurance, no benefit will be paid.	30 days – client must be totally disabled for at least 30 days before benefit starts. No retro-active payment.
Eligibility	<ul style="list-style-type: none"> • Salaried employee (T-4) • Resident of Canada • Between the age of 18 and 64 Excludes: self-employed, seasonal worker, independent contractor, controlling stock holder of their company, or employed by an immediate family member	<ul style="list-style-type: none"> • Self Employed, seasonal workers, work suspension or a salaried employee • Resident of Canada • Between the age of 18 and 64 • Cannot be receiving any form of disability pension or benefits on effective date of insurance
Conditions of Eligibility	To Apply: <ul style="list-style-type: none"> • Must be employed and working for at least 25 hrs per week for 30 consecutive days, immediately prior to the effective date of insurance. To Claim: <ul style="list-style-type: none"> • Be involuntarily laid off. • Have worked full time min 25 hrs per week for 30 consecutive days. • Provide copy of written notice of termination of employment (Record of Employment). Provide proof of receipt of EI benefits within 10 days.	To Apply: On the effective date of insurance: Self-employed or employment is subject to seasonal conditions and layoff or work suspension is a regular and anticipated part of work schedule the debtor must: <ul style="list-style-type: none"> • Be employed and working for a minimum of 25 hrs per week in a working season. • Been employed for 13 consecutive weeks during the 12 month period immediately preceding the effective date. • Capable of performing the regular duties of his or her occupation. • Have worked the last season with proven work history. Salaried Employees must be: <ul style="list-style-type: none"> • Employed and working for at least 25 hrs per week for 30 consecutive days, immediately prior to the effective date of insurance. To Claim: Provide proof that debtor is totally disabled.
Benefit Period Begins	When the client has been laid-off and remain unemployed for over 30 days (non-retroactive).	When the client has been Accidentally Disabled for over 30 days (non-retroactive).
Benefit period Ends	<ul style="list-style-type: none"> • When the client returns to work. • When the 6 month benefits have been paid. • When the mortgage has been paid in full. 	<ul style="list-style-type: none"> • When the client is no longer Totally Disabled. • When the client is approved by Physician to return to work. • When the 24 months have been paid. • When the insurer requires client to submit proof of Totally Disability or to be examined by a physician or other practitioner named by the insurer, and proof is not submitted within 30 days. When the mortgage is paid in full.
Exclusions	No benefit will be paid if: <ul style="list-style-type: none"> • Layoff occurs within 90 days of the effective date of insurance. • Client becomes self-employed, contract or seasonal work. • Client resigns. • Mandatory retirement. • Maternity or paternity leave. • Termination with cause. • Deception, fraud, criminal conduct • Strike or lock-out. • No temporary or part-time employment. 	No benefit will be paid if accidental disability is the result of: <ul style="list-style-type: none"> • Suicide, attempted suicide or self-inflicted injury within 2 years of the effective date of insurance while sane or insane. • Pre-existing condition. • Act of war. • Air travel except as a passenger. • Use of any poisonous substance, any illegal drugs, any intoxicants or any narcotic unless prescribed and monitored by a physician. • Criminal act or confinement in prison.

GROUP ACCIDENT AND INVOLUNTARY UNEMPLOYMENT INSURANCE

	Involuntary Unemployment Insurance (IUI)	Accidental Disability Insurance
Termination	<ul style="list-style-type: none"> • When the mortgage is paid in full. • When the client turns 65. • When the client cancels the coverage. When the premiums are not paid within 60 days.	<ul style="list-style-type: none"> • When the mortgage is paid in full. • When the client turns 65. • When the client cancels the coverage. When the premiums are not paid within 60 days.
Definitions	<p><i>“Total Disability” or Totally Disabled” means;</i> <i>A condition resulting from Injury or Sickness for which the Debtor is under the continuous care of a Physician and during the first (12) twelve months, is prevented from performing the substantial duties of his or her own occupation; and during any period after the initial (12) twelve months, is prevented from performing the substantial duties of any occupation for which he or she is reasonable suited by reason of education, training or experience, regardless of the availability of employment; or if the debtor does not have an occupation at time of claim, a condition for which the Debtor is under the continuous care of a Physician and is prevented from performing at least 2 of the 6 Activities of Daily Living without the assistance of another person as a result of injury or sickness which commenced after insurance came into effect</i></p>	