

# ***AT A GLANCE***

**Policy 37220**  
**Native employees - plan 1**  
CONSEIL SCOLAIRE DES PREMIERES NATIONS EN EDUCATION DES  
ADULTES  
**November 1, 2016**

This document contains important information. Please keep it for future reference.

SSQ, Life Insurance Company Inc.

## **Your Group Insurance Plan At a Glance**

SSQ has issued this document as an outline of your group insurance plan effective November 1, 2016.

This document does not modify the provisions of your insurance policy in any way. To consult the complete description of your plan, including the applicable exclusions, limitations and restrictions, you may visit the ACCESS | Plan Members Web site at [ssq.ca](http://ssq.ca).

If the information you are looking for cannot be found in this document or in the insurance booklet included in the ACCESS | Plan Members Web site, you may consult your plan administrator or SSQ's Customer Service department.

Class: Native employees - plan 1

Group(s): 23K72

Policy: 37220)

In this document, "SSQ" refers to SSQ, Life Insurance Company Inc.

## **NOTICE OF NEW FILE**

### **File and Personal Information**

In order to maintain the confidentiality of information concerning the persons it insures, SSQ, Life Insurance Company Inc. opens an insurance file to hold personal information about the application for insurance and any insurance claims made.

With the exception of certain cases provided for under applicable legislation, access to insured persons' files is restricted to those employees, legal agents and service providers who must consult these files for the purpose of contract management, inquiries or underwriting, in addition to reinsurers and any other person you may authorize. SSQ keeps these insurance files in its offices.

All persons insured with SSQ have the right to consult the information contained in their file and, if necessary, to have any errors or inaccuracies corrected, free of charge, by making a written request to the attention of SSQ's Personal Information Protection Officer at the following address: SSQ, Life Insurance Company Inc., 2525 Laurier Boulevard, P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6. However, SSQ may charge fees for transcribing, reproducing or sending this information. The person making the request for information will be informed beforehand of the approximate amount that will be charged.

### **Legal Agents and Service Providers**

SSQ may exchange information of a personal and confidential nature with its reinsurers, legal agents and service providers only for the purpose of allowing them to carry out the tasks they are assigned. SSQ's legal agents and service providers must comply with SSQ's Personal Information Protection Policy.

When you enrol in a group insurance plan, and also when you make a claim, you are actually giving your consent that the insurer and its legal agents and service providers may use your personal information for the above-mentioned purposes. It is understood that not giving this consent would compromise the management of your insurance coverage and the quality of the services SSQ can offer you.

For more information, consult the SSQ Personal Information Protection Policy available at [ssq.ca](http://ssq.ca).

## **AVAILABLE INFORMATION ON YOUR GROUP INSURANCE PLAN**

If your contract has been modified since the production date of this booklet, there may be wording differences between the booklet and the policy. If so, the policy wording will prevail; hence, you are entitled to consult the policy at the policyholder's address and obtain a copy thereof.

The masculine gender is used throughout this document solely for readability purposes and applies to both men and women.

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# SCHEDULE OF INSURANCE

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## General Provisions

This document shows the contractual provisions in force on November 1, 2016.

|  |   |
|--|---|
| <b>Group Name(s) and No(s).</b>  | 23K72 CONSEIL SCOLAIRE DES PREMIERES NATIONS EN<br>EDUCATION DES ADULTES                                |
| <b>Class</b>   | Native employees - plan 1   |
| <b>Category of individuals eligible as participants</b>                  | All the native employees and executives (plan 1) of the policyholder working 20 hours or more per week. |
| <b>Eligibility date for new employees</b>                                | Please refer to the Plan Administrator  |
| <b>End of "own occupation" period for definition of total disability</b> | After 24 months of a same period of total disability  |

### Notes:

#### General information

#### Definition "Dependent child"

A child adopted by traditional means is recognized as a dependent child if the adoption has been authorized by the band chief.

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## SCHEDULE OF INSURANCE

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### Life Insurance Plan

#### Participant's Life Insurance

|   |   |
|---|---|
| <b>Amount of insurance - under age 65</b>                   | 200% of annual salary, rounded to higher \$1,000 of amount of insurance   |
| <b>Non-evidence maximum</b>                                 | \$161,000   |
| <b>Reduction of amount of insurance</b><br><b>at age 65</b> | 50% less than amount of insurance for insureds under age 65, minimum \$1,000<br>Date of reduction: the day of your birthday |
| <b>Termination of insurance</b>                             | The day you reach age 70  |

#### Participant's Optional Life Insurance

|                                 |   |
|---------------------------------|---|
| <b>Amount of insurance</b>      | According to the premium paid<br>Coverage selected in multiples of \$5,000 units<br>Minimum no. of units: 1<br>Maximum no. of units: 60 |
|                                 | Evidence of insurability required   |
| <b>Termination of insurance</b> | The day you reach age 65  |

#### Spouse's Life Insurance

|   |   |
|---|---|
| <b>Amount of insurance - under age 65</b>                   | \$10,000  |
| <b>Reduction of amount of insurance</b><br><b>at age 65</b> | 50% less than amount of insurance for insureds under age 65, minimum \$1,000<br>Date of reduction: the day of your birthday |
| <b>Termination of insurance</b>                             | The day you reach age 70  |

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## SCHEDULE OF INSURANCE

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### Life Insurance Plan (continued)

#### Spouse's Optional Life Insurance

|                                 |   |
|---------------------------------|---|
| <b>Amount of insurance</b>      | According to the premium paid<br>Coverage selected in multiples of \$5,000 units<br>Minimum no. of units: 1<br>Maximum no. of units: 30 |
|                                 | Evidence of insurability required   |
| <b>Termination of insurance</b> | The day you reach age 65  |

#### Dependent Children's Life Insurance

|                                 |  |
|---------------------------------|--|
| <b>Amount of insurance</b>      | Dependent children age 24 hours and older: \$5,000 |
| <b>Termination of insurance</b> | The day you reach age 70                           |

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## SCHEDULE OF INSURANCE

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### Accidental Death & Dismemberment Insurance Plan

#### Participant's Accidental Death and Dismemberment Insurance

|   |   |
|---|---|
| <b>Amount of insurance - under age 65</b>                   | 200% of annual salary, rounded to higher \$1,000 of amount of insurance   |
| <b>Non-evidence maximum</b>                                 | \$161,000   |
| <b>Reduction of amount of insurance</b><br><b>at age 65</b> | 50% less than amount of insurance for insureds under age 65, minimum \$1,000<br>Date of reduction: the day of your birthday |
| <b>Termination of insurance</b>                             | The day you reach age 70  |



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## SCHEDULE OF INSURANCE

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### Critical Illness Insurance Plan

#### Dependent Children's Critical Illness Insurance

|                                 |   |
|---------------------------------|---|
| <b>Amount of insurance</b>      | Dependent children age 24 hours and older: \$25,000 |
| <b>Termination of insurance</b> | The day you reach age 65                            |

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# SCHEDULE OF INSURANCE

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## Disability Insurance Plan

### Participant's Short Term Disability Insurance

|  |  |
|--|--|
| <b>Benefits</b>                        | 80% of gross weekly salary payable at onset of disability<br>Non-evidence maximum: \$1,350<br>Maximum : \$3,000  |
| <b>Reduction of benefits</b>           | Following the application of any maximum provided for above, your benefits may be reduced by any income from the sources specified in the description of the insurance benefit |
| <b>Reference period</b>                | 7-day week   |
| <b>Elimination period</b>              |  |
| In the event of accident:              | 14 day(s)  |
| In the event of hospitalization:       | 14 day(s)  |
| In the event of illness:               | 14 day(s)  |
| <b>Maximum duration of benefits</b>    | 17 week(s) from the start date of benefits   |
| <b>Frequency of benefit payments</b>   | Weekly   |
| <b>Taxability of benefits</b>          | Non-taxable  |
| <b>Termination of benefit payments</b> | The day you reach age 65   |
| <b>Termination of insurance</b>        | The day you reach age 65   |

### Notes:

#### Supplementary Unemployment Benefits (SUB)

Your disability insurance benefits will be reduced by any disability benefits to which you are entitled under Employment Insurance. Application of this reduction will start at the onset of your period of disability.

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# SCHEDULE OF INSURANCE

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## Disability Insurance Plan

### Participant's Long Term Disability Insurance

|  |   |
|--|---|
| <b>Benefits</b>  | 80% of gross monthly salary payable at onset of disability<br>Non-evidence maximum: \$5,400<br>Maximum : \$10,500   |
| <b>Reduction of benefits</b>   | Following the application of any maximum provided for above, your benefits may be reduced by any income from the sources specified in the description of the insurance benefit.   |
| <b>Elimination period</b>  | In the event of accident: 133 days<br>In the event of hospitalization: 133 days<br>In the event of illness: 133 days<br><br>However, in no case may the elimination period end before the completion of the Short Term Disability Insurance benefit period. |
| <b>End of "own occupation" period for definition of total disability</b> | See the "General Provisions" section of this Schedule of Insurance  |
| <b>Frequency of benefit payments</b>                                     | Monthly   |
| <b>Taxability of benefits</b>  | Non-taxable   |
| <b>Termination of benefit payments</b>                                   | The day you reach age 65  |
| <b>Termination of insurance</b>  | The day you reach age 65  |

# SCHEDULE OF INSURANCE

## Health Care Insurance Plan

### Health Insurance

| Coverage                      | Maximum   | Percentage of reimbursement |
|-------------------------------|---|-----------------------------|
| <b>Hospitalization</b>        |   |                             |
| Hospital room                 | Semi-private room   | 100%                        |
| <b>Vision Care</b>            |   |                             |
| Contact lenses                | \$200 eligible per 48 consecutive months per insured  | 100%                        |
|                               | Combined maximum for the following: Eyeglasses; Laser vision correction<br>\$200 eligible per 24 consecutive months per insured |                             |
| Eyeglasses                    |   | 100%                        |
| Laser vision correction *     |   | 100%                        |
| <b>Travel</b>                 |   |                             |
| Travel assistance insurance   | \$5,000,000 reimbursement per trip per insured  | 100%                        |
| Travel cancellation insurance | \$5,000 reimbursement per trip per insured  | 100%                        |
| <b>Other Services</b>         |   |                             |
| Medical assistance            |   | 100%                        |

\* Medical prescription required

## HOW TO SUBMIT CLAIMS TO SSQ FINANCIAL GROUP?

Thanks to our **on-line services**, you can submit your claims in one of several ways:

- 1 Use your SSQ insurance card at the pharmacy (reimbursement of your prescription drug expenses).
- 2 Fill out the personalized claim forms available on our ACCESS | Plan Members Web site.
- 3 Use your smart phone to submit your benefit claims.

To download the application free of charge, go to [ssq.ca/mobile](http://ssq.ca/mobile).

## HOW TO REGISTER FOR ACCESS | PLAN MEMBERS?

To access the Web site, go to [www.ssq.ca](http://www.ssq.ca) and click on ACCESS | Plan Members in the group insurance section. You will be automatically redirected to the ACCESS | Plan Members Web site. On your first visit, you will need to register. Click on *Apply for an Access account*. Once you're on the registration page, you will need to enter the required information to create your account.

On your initial visit, you will have to enter your **activation key**. The activation key is indicated on your certificate, right under the summary of your coverage.

### Is the activation key important?

Absolutely! It will give you direct access to your file once your registration is completed. If you don't enter the activation key, your account will be automatically blocked. If that happens, you will have to wait to receive a personal activation key by mail before you can make any transactions. You are strongly advised to enter your activation key during the initial registration session so you can immediately take advantage of all of the Web site's features.

## **THE ACCESS | PLAN MEMBERS WEB SITE SAVES YOU TIME!**

### **Direct deposit of your benefit payments**

To select the direct deposit of your benefits for faster reimbursement of your expenses, go to the ACCESS | Plan Members Web site and follow these instructions:

- Click on *Preferences*;
- Select *Sign up for direct deposit and electronic statements*;
- Follow the instructions to register. You will be required to provide your banking information, which is printed at the bottom of your cheques.

**In addition to being fast, secure and easy to use, you can use ACCESS | Plan Members Web site for a variety of on-line transactions such as:**

- Register for direct deposit and electronic claim statements of your health, dental care or disability insurance benefits;
- Consult a list of your benefits;
- Consult the electronic version of your group insurance booklet;
- View the details of reimbursements made for each of your benefits;
- View your contact information;
- Print a temporary SSQ insurance card.

## **USE YOUR SMART PHONE TO SUBMIT YOUR CLAIMS!**

Thanks to the SSQ Mobile Services application, you can now submit your claims directly from your *iPhone* or *Android* smart phone.

In addition to submitting your group insurance claims, you can also use the application to:

- Consult a summary of previous claim payments;
- Consult an electronic version of the SSQ insurance card;
- Contact our Customer Service in a single click.

To download the application or for more information, go to [ssq.ca/mobile](http://ssq.ca/mobile).





# access

Discover our on-line services  
by registering today at our  
**ACCESS | Plan Members** Web site.

SSQ Customer Service  
**Toll free:** 1-888-651-8181