



CERTIFICATE OF INSURANCE EXTENDED HEALTH CARE PLAN

The Insurance under this Certificate with the documents attached hereto is hereby granted by

The Manufacturers Life Insurance Company (Manulife)

under the terms of the Master Policy referred to on the attached Certificate.

The Manufacturers Life Insurance Company (hereinafter called "Manulife") certifies that it will, under and subject to the terms and conditions of the above Master Policy (hereinafter called "the Policy"), insure certain Members of

ENGINEERS CANADA

(hereinafter called "the Association")

that the person named in the Schedule of Benefits is insured for the benefits specified in the Schedule of Benefits, subject to the terms and conditions contained or endorsed in this Certificate of Insurance.

NOTICE OF 10-DAY RIGHT TO EXAMINE COVERAGE

Within 10 days after its delivery to the Insured, this Certificate may be surrendered by delivering or mailing it to Manulife. Upon such surrender, any premium paid will be returned and the Certificate will be deemed to be void from the Effective Date indicated on the Schedule of Benefits.

The following pages are a summary of the principal provisions for the Association under Policy Number 90507, to which reference should be made for the actual terms and conditions. If there is any conflict between the terms and conditions of the Certificate and those described in the Master Policy, the terms of the Policy shall govern.

Signed for The Manufacturers Life Insurance Company at Toronto by:

Roy Gori,
President and Chief Executive Officer

This certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

The Manufacturers Life Insurance Company (Manulife)

Individual Insurance
P.O. Box 670, Stn. Waterloo
Waterloo, Ontario N2J 4B8

**ENGINEERS CANADA
EXTENDED HEALTH CARE PLAN**

Issued under

Master Policy 90507 (G-507)

Insured with

THE MANUFACTURERS LIFE INSURANCE COMPANY (MANULIFE)

TABLE OF CONTENTS

Part 1: DEFINITIONS _____	3
Part 2: SCHEDULE OF ELIGIBLE EXPENSES _____	4
Part 3: BENEFITS _____	7
Part 4: EXCLUSIONS AND LIMITATIONS _____	8
Part 5: PREMIUMS _____	10
Part 6: CONTRACTUAL ARRANGEMENTS _____	11
Part 7: CLAIMS _____	14
Part 8: INTERPROVINCIAL CONTINUATION PROVISION _____	14
Part 9: ELIGIBILITY REQUIREMENTS FOR INSURANCE _____	15
Appendix A _____	16
Professional Engineers _____	16
Technicians and Technologists Associations _____	16
Geoscientists Associations _____	16
Architects Associations _____	16
Any amendments, exclusions, and/or endorsements, Application	

Part 1: DEFINITIONS

We, us, our, the Company and Manulife refers to The Manufacturers Life Insurance Company, Affinity Markets, P.O. Box 670, Station Waterloo, Waterloo Ontario N2J 4B8.

You, your, and **Primary Insured** refers to the person named as the Primary Insured in the Schedule of Benefits.

Member means the definition of **Member** in Part 9.

Owner means the person or entity named as the owner in the Schedule of Benefits or subsequent amendment.

Insured Person refers to the member and/or any insured dependent that resides in Canada and is covered under a government health insurance plan.

Insured Dependent means a member's spouse or child(ren) as defined below.

Spouse means a person who either:

- Is legally married to you; or
- Although not legally married to you, cohabits with you and who is publicly represented as your spouse in a relationship which has been recognized as such in the community in which you reside for at least one year before a claim is incurred.

Child means an unmarried natural child, stepchild or legally adopted child who:

- Is under 21 years of age; or
- Is under 26 years of age and a full-time student at an accredited institute of learning providing we have received satisfactory proof of attendance; or
- Is 21 years of age or more but is and continues to be incapable of self-sustaining employment by reason of mental or physical handicap and chiefly dependent on you for support and maintenance.

Age means an Insured Person's actual age in completed years.

Province of Residence refers to the province or territory of Canada in which an Insured Person resides.

Certificate Year means the period of insurance commencing on the effective date stated in the Schedule of Benefits and terminating on the first annual renewal premium due date, and any anniversary date thereof.

Government Health Insurance Plan means any government sponsored hospitalization plan, medical care insurance plan or health insurance plan available in your province of residence.

Your Government Health Insurance Plan means the government health insurance plan for your province of residence as at the effective date of this Certificate of Insurance and named as such in the Schedule of Benefits.

Injury means accidental bodily injury that the Insured Person sustains while this insurance is in force and which results in a medical treatment.

Sickness means affected with disease or illness which results in medical treatment.

Physician means a Doctor of Medicine (M.D.) duly licensed to practice medicine within the scope of their license and recognized by the College of Physicians and Surgeons in the province in which the treatment is rendered. The physician must be a person other than the Primary Insured, a member of a Primary Insured's immediate family, or anyone who resides with the Primary Insured.

Health Care Practitioner means a practitioner duly licensed to practice and who is legally practicing within the scope of their license. The health care practitioner must be a person other than the Primary Insured, a member of the Primary Insured's immediate family, or anyone who resides with the Primary Insured.

Dentist means a person who is duly licensed to practice dentistry in the province or territory in which treatment is rendered. The dentist must be a person other than the Primary Insured, a member of the Primary Insured's immediate family, or anyone who resides with the Primary Insured.

Emergency means any unforeseen event that occurs while the Insured Person is traveling outside of their province of residence and/or Canada and requires that he or she be immediately hospitalized or treated by a physician. The emergency situation is considered to end upon the earlier of the date the Insured Person returns to his or her province of residence and/or Canada, or on the date the Insured Person's treating physician decides he or she is capable of returning to their province of residence and/or Canada.

Hospital means a legally constituted institution which is licensed as a hospital which is open at all times for care and treatment of sick and injured persons and which has organized facilities for diagnosis, major surgery, and 24-hour nursing service.

Convalescent Hospital means a legally constituted institution which is licensed as a convalescent hospital, which is open at all times and is operated primarily for the care and treatment of sick and injured persons as inpatients, provided such persons are under the care and personal attendance of a duly licensed and qualified physician and have been confined to such convalescent hospital for rehabilitative purposes, which continuously provides 24 hour nursing service by graduate registered nurses or registered nursing assistants, which provides facilities for the care, treatment and rehabilitation of the patients and which is not primarily a clinic, nursing, long term care, chronic care facility, rest-home or similar establishment.

Eligible Expenses means an eligible expense as listed, which the Insured Person sustains while his or her insurance is in force.

Deductible Amount means the initial eligible expenses incurred each calendar year for which there is no reimbursement by the Company.

Percentage Payable means the percentage of eligible expense that the Company pays.

Annual Maximum Amount Payable means the maximum amount payable for each Insured Person in a calendar year.

Part 2: SCHEDULE OF ELIGIBLE EXPENSES

When, as the result of injury or sickness, an Insured Person incurs any eligible expense described below while the Master Policy is in effect, the Company will reimburse the Insured Person for such reasonable expense actually incurred, subject to the provisions of the Master Policy.

Expenses means expenses incurred which are:

- For the services, treatments and supplies specifically listed in this Schedule;
- Recommended as medically necessary by a physician;
- Reasonable and customary in comparison with fees and prices generally charged in the area concerned;
- Not payable by, nor reimbursed by, any government health insurance plan regardless of whether a claim has been submitted.

Expenses incurred for the following items shall be considered Eligible Expenses.

1. HOSPITAL ROOM AND BOARD

100% of hospital expenses in excess of public or standard ward charges, while confined in private or semi-private accommodation in an incorporated and licensed hospital in Canada.

2. EMERGENCY HOSPITAL EXPENSES (out of province of residence and/or Canada)

Hospital room and board and other hospital charges while confined in an incorporated and licensed hospital outside of the province of residence and/or Canada, up to a maximum of 90 consecutive days per occurrence.

3. DRUGS AND MEDICINE

Cost of generic drugs and medicines, sera and injectables, used to treat an injury or sickness, for which a written prescription is legally required and dispensed by a licensed pharmacist. The plan will cover non-generic products, only if no generic equivalent is available. If you choose to purchase the more expensive brand name drug, or if your doctor specifies "no generic substitutes" the cost will be covered up to the generic equivalent only.

Vaccines may be covered only if a physician prescribes them and they are required for out of Canada travel. The cost of vaccines will be covered to a maximum of \$250 per person, per calendar year.

Weight control drugs may be covered, subject to certain conditions confirmed by your physician. This benefit is only applicable in Quebec if the Insured Person is under the attained age of 65.

4. NURSING CARE

Cost for one private duty nursing service provided outside of a hospital by a licensed registered nurse or a licensed registered practical nurse when ordered by a physician as medically necessary for an injury or sickness that requires the specialized training of a Registered Nurse (R.N.), Registered Practical Nurse (R.P.N.), Licensed Practical Nurse (L.P.N.), or Personal Support Worker. The maximum amount payable is

\$10,000 for any one injury or sickness in any 12 consecutive months. The nurse must not ordinarily reside in the Insured Person's home, nor be a member of the Insured Person's immediate family.

5. AMBULANCE

Cost of a licensed ambulance or air ambulance for emergency service for transportation to or from the nearest hospital which has adequate facilities for the treatment of the injury or sickness.

6. ACCIDENTAL DENTAL

Expenses for the services of a licensed dentist or dental surgeon for treatment of a fractured jaw or accidental injuries to whole or sound teeth (capped or crowned teeth shall be deemed as whole or sound) including replacement of such damaged teeth, due to a force or blow external to the mouth and providing the accident causing such injuries occurred while insured. Expenses must be incurred within two years of the accident. Payments made under this benefit shall be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the patient's province of residence and the maximum benefit is \$750.00 per tooth. The fact that a similar procedure, service, course of treatment or material may have been previously used shall have no bearing on this provision.

7. EMERGENCY OUT OF PROVINCE and/or CANADA MEDICAL SURGICAL SERVICES

Cost of reasonable and customary expenses while outside the Insured Person's province of residence and/or Canada and which are eligible services of the provincial or territorial medical plan of the Insured Person.

Services provided by ACM, some of which are the following:

- Medical assistance services
- Emergency medical care
- Transportation services
- Personal assistance and legal services

An insured must contact the service provider within 48 hours of the incident.

Manulife and the service provider contracted by Manulife to provide the services described in this benefit, will not be responsible for the availability, quality or results of any medical treatment, or the failure of an insured person to obtain medical treatment or emergency assistance services for any reason. Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances that interfere with or prevent the provision of any services.

8. VISION BENEFIT

100% of eligible expenses when prescribed by a registered, certified or licensed Ophthalmologist or Optometrist and dispensed by a licensed Ophthalmologist, Optometrist or Optician; the insurer will consider charges incurred for:

(a) up to \$250 per insured person per 2 consecutive benefit years for:

- i) prescription eyeglasses (lenses and/or frames);
- ii) contact lenses;
- iii) laser eye surgery;

(b) optometrist visits, up to \$80 per insured person per 2 consecutive benefit years (payable after Government Health Insurance Plan maximum has been reached, if applicable).

The insurer will not pay benefits for:

- (a) safety glasses or non-prescription sunglasses;
- (b) services or supplies which are not for the personal use of the insured.

9. CONVALESCENT HOSPITAL BENEFIT

Cost of semi-private room and board accommodation in excess of any amount paid by the provincial plans for up to 180 days in a convalescent hospital.

10. LONG TERM CARE FACILITY

Cost of semi-private room and board accommodations in excess of any amount paid by the provincial plans for up to 90 days in a long-term care facility.

11. ALTERNATE HEALTH CARE PRACTITIONERS

Charges for the services of the following legally licensed practitioners subject to a maximum of \$500 per practitioner for all such services for each Insured Person per calendar year.

- Chiropractors
- Osteopaths
- Chiropodists or Podiatrists
- Naturopaths
- Psychologists, Psychotherapists or Psychoanalysts Physiotherapists
- Massage Therapists
- Speech Therapists
- Acupuncturists
- Registered Dietitian
- Charges or diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist.

12. MISCELLANEOUS

Cost of:

- (a) Plasma and/or blood;
- (b) Hearing aids (\$500 maximum for a five-year period)
- (c) Artificial limbs or eyes, limited to their initial purchase, not including any replacement thereof;
- (d) Casts, splints, trusses, crutches and braces (except dental braces). These must be used to support a body part or maintain it in a specific position in order to correct and/or improve a deformity. It could also be used to maintain a limb's flexion;
- (e) Oxygen and rental of equipment for the administration of oxygen;
- (f) Rental of a wheelchair, hospital type bed, or other device for artificially maintaining respiration in the event of respiratory paralysis;
- (g) The cost of arch supports, molds, or orthotic devices (except for sports) when recommended by a physician; stock-item orthopedic shoes when recommended by a physician or podiatrist required because of a medical abnormality, or modifications or adjustments to stock-item orthopedic shoes or regular footwear; or custom made shoes constructed by a Certified Orthopedic Footwear Specialist required because of a medical abnormality limited to \$225 per calendar year, per person;
- (h) Ileostomy and/or colostomy supplies;
- (i) Diagnostic procedures and radiology;
- (j) Sclerosing agents and saphenous vein treatment, subject to receipt of a letter from a Physician providing the medical reason for the treatment;
- (k) Diabetic supplies. A calendar year maximum of \$500 applies to glucometers.

13. REPATRIATION

If, following an injury or sickness sustained by an Insured Person while outside of his or her province of residence and/or Canada, it is necessary to transport such Insured Person to the point of departure, the Company shall pay, to a maximum of \$15,000.00 per injury or sickness, the actual expenses incurred to return the Insured Person by the most economically reasonable route. Such expenses shall also include the return air fare of a member of the family or the round trip air fare of a trained medical assistant, if, upon recommendation of a physician, it is necessary for either a member of the family or a trained medical assistant to accompany the Insured Person.

14. TRANSPLANT SURGERY

In the event that surgery is performed on the Insured Person for the purpose of removing from him or her an organ to be donated for transplant into another human being, the removal of the organ shall be considered a sickness of the Insured Person and all provisions of this Certificate of Insurance shall apply as though the removal was a sickness. In the case of donor surgery performed outside of Canada, the sickness will be presumed to have occurred out of Canada.

Part 3: BENEFITS

1. **Agreement to Pay** Subject to the terms and limitations set out in this Certificate of Insurance, and upon receipt and approval by us of due proof that an Insured Person has incurred, as a result of Injury or Sickness, any of the eligible expenses, we shall reimburse you for such costs less any reduction under the Coordination of Benefits clause, and subject to the provisions of the Master Policy.
2. **Deductible Amount** The deductible amount is specified in the Schedule of Benefits. Eligible expenses incurred by an Insured Person in the last three months of a calendar year and included in the deductible amount for that year may also be used to calculate the deductible amount for the following year.

The deductible amount applies to drugs and medicine only.

3. **Lifetime Maximum and Coinsurance Percentage** The lifetime maximum amount is the maximum cumulative amount that will be reimbursed under the Master Policy. The overall maximum amount payable for a particular period is the maximum cumulative amount payable in respect of the Insured Person for eligible expenses incurred during such period, under the Master Policy and any previous policy that the Master Policy replaces. The overall maximum amount shall apply for such period whether or not insurance on an Insured Person is interrupted by termination during such period for any reason whatsoever.

Prior to the Insured Person's attainment of age 65, the overall maximum amount shall be established for each of, and applied separately to, those eligible expenses incurred for Emergency Out of Province and/or Canada Medical Surgical services, and eligible expenses for all other benefits. The overall maximum amount payable prior to the Insured Person's attainment of age 65 shall be:

(a) \$5 million per Insured Person for eligible expenses for Emergency Out of Province and/or Canada Medical Surgical services

(b) \$1 million per Insured Person for all other eligible expenses

Upon the Insured Person's attainment of age 65, the overall maximum amount shall be established for each of, and applied separately to, those eligible expenses incurred out of Canada and those eligible expenses incurred in Canada. The overall maximum amount payable in respect of an Insured Person of attained age 65 and older shall be:

(a) \$50,000 per Insured Person for eligible expenses incurred in Canada

(b) \$25,000 per Insured Person for eligible expenses incurred out of Canada

After satisfaction of the deductible amount as described in Section 2 of this Part, payment of eligible expenses by the Company shall be made on the following basis:

- (a) For hospital room and board at 100% of eligible expenses incurred;
- (b) For other than hospital room and board services:
 - i) 80% of eligible expenses incurred in excess of the deductible amount and not exceeding \$2,500 in the aggregate; and
 - ii) 100% of eligible expenses incurred in excess of the deductible amount and \$2,500 up to the overall maximum amount payable and applicable to the Insured Person's age.

On January 1st of each calendar year, the overall maximum amount payable for an Insured Person shall be automatically reinstated to the extent of an annual reinstatement amount of \$5,000. However, in no event shall this cause the overall maximum amount to exceed the amount the Insured Person would otherwise be eligible for.

4. **Coordination of Benefits** If an Insured Person is also covered under another plan, benefits under all plans are adjusted so as to limit the combined payment to 100% of eligible expenses. Consequently, benefits payable under this insurance will be reduced by benefits received or receivable from any other plan.

The manner in which this is done is to determine which plan pays first, and thus determine where to submit the claim first, and which plan(s) pay(s) next. This will be determined as follows:

- (a) If the other plan(s) do(es) not have a coordination of benefits provision, then other plan(s) pay(s) before this insurance does;
- (b) Otherwise, if the other plan(s) cover(s) your dependents as other than a dependent, then the other plan pay(s) before this insurance does;
- (c) Otherwise, the plan of the parent whose birthday occurs first during the calendar year pays first.

If priority cannot be established in the above manner, the benefits shall be pro-rated between or amongst the plans in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

"Plan," means any contract of insurance or other arrangement, prepaid health coverage, or student accident insurance.

5. **Third Party Liability** If, as a result of third party liability, any Insured Person has right of recovery against any person, company or other body, of any expense for all or any part of which the Company has reimbursed any Insured Person, the amount paid by the Company for reimbursement of such expense shall be recoverable by the Company from the Insured Person to whom it was paid, but the amount recovered by the Company shall not be in excess of the amount recovered as a result of the third-party liability.

Part 4: EXCLUSIONS AND LIMITATIONS

General Exclusions

This insurance does not cover any loss, or expenses caused or contributed to by:

- Self-inflicted injury; or
- War or any act of war; or
- Active full-time service in the armed forces of any country or international organization; or
- For services payable under any Workers' Compensation Act or Occupational Disease Law, or any Government Plan of Health or Law, or any instrumentality thereof; or
- Travel for health, periodic health examinations or examinations required for the use of a third party; or
- The purchase and fitting of glasses or contact lenses
- For any dental treatment, appliance or expense, except as provided in Part 2, of this Certificate of Insurance; or
- For cosmetic surgery, except when necessitated by injury; or

- Vitamins (unless injected), birth control devices, anti-impotence drugs, over-the-counter drugs, anabolic steroids, assisted conception, smoking cessation products and drugs, treatment or supplies which are not approved by Health and Welfare Canada or are experimental, preventative, or limited in use whether or not so approved; or
- All types of surgery.

Out of Province and/or Canada Exclusions

This insurance does not cover any loss, or expenses incurred by the Insured Person while outside of the province of residence and/or Canada caused or contributed to by:

- a) Any treatment or surgery the Insured Person does not require for immediate relief of acute pain or suffering, or which could reasonably be delayed until he or she returns to the province of residence and/or Canada; or
- b) Treatment the Insured Person may decide to receive outside of the province of residence and/or Canada following emergency treatment or diagnosis of a medical condition which, based upon medical evidence, would not have prevented he or she from returning to the province of residence and/or Canada for treatment or surgery; or
- c) Any medical or hospital services which the Insured Person specifically traveled to obtain, whether or not on the advice of a physician; or
- d) Operation of a motorized vehicle while impaired by drugs or other toxic substances or where the level of alcohol exceeds 80 milligrams per 100 millilitres of bodily fluid; or
- e) Participation in a professional sport, any speed contest, SCUBA diving without a basic SCUBA designation from a certified school or other licensing body, bungee-jumping, parachuting, parasailing, mountaineering, spelunking, or any airborne activity unless the Insured Person is riding as a passenger on a commercially licensed airline.
- f) Any medical condition you suffer or contract when an official travel advisory issued by the Canadian government before your departure date states, "Avoid all non-essential travel" or "Avoid all travel" regarding the country, region or city of your destination. To view the travel advisories, visit the Government of Canada Travel site.

General Limitation

The plan will only reimburse eligible expenses not covered by a provincial or territorial plan. It will not reimburse for expenses covered by any government program or other program of health insurance. Manulife will be entitled to be reimbursed for any amounts recovered from a third party.

In addition, the plan will not pay benefits for:

- a) That part of any expense incurred for service, treatments or supplies eligible under this plan and which are covered under a government health insurance plan.
- b) That part of any expense in excess of those considered reasonable and customary.

Out of Province and/or Canada Limitation

The coverage period of this insurance for any one trip outside of province of residence and/or Canada is limited to the first 60 consecutive days. The coverage period of this insurance for all trips in any six-month period is limited to the first 75 days in the aggregate. This insurance does not cover any loss, or expenses incurred by the Insured Person while outside of the province of residence and/or Canada for any period beyond the coverage period.

Out of Province and/or Canada Pre-existing Condition Limitation

This insurance does not cover any loss, or expenses incurred by the Insured Person while outside of the province of residence and/or Canada caused or contributed to by any injury or sickness or related condition for which the Insured Person received treatment or required the use of medication during the 90 days prior to the date he or she left the province of residence and/or Canada. However, any condition, which has been controlled by the consistent use of medication prescribed by a physician, is covered, provided that during the same 90-day period the condition was stable and there had been no change in the medication or dosage.

Out of Province and/or Canada Pregnancy and Childbirth Limitation

This insurance does not cover any loss, or expenses incurred for the treatment or confinement of mother or child(ren) as a result of pregnancy, miscarriage, childbirth, or complications of any of these occurring within two months of the expected date of birth.

Part 5: PREMIUMS

- 1. The Consideration** The insurance granted by this Certificate of Insurance is in consideration of your paying the premiums when due.
- 2. When Due** The premium for this insurance is payable in advance and is due and payable on the effective date of the coverage and thereafter on each renewal premium due date.

Premiums may be paid in installments in accordance with the terms, conditions and arrangements currently in force for such payments at the time they become due.
- 3. Days of Grace** To give you time to pay your premiums, 31 days of grace are allowed counting from the due date of each premium or installment. During this period, the insurance will remain in force subject to the subsequent payment of the premium within the days of grace.
- 4. Amount of Premium** The amount of each premium will be determined according to your attained age on the premium due date, the plan of insurance which has been granted and the then current premium rates in effect under the terms of the Master Policy subject to any adjustment to the standard premium rate specified in your Schedule of Benefits. The premiums so determined, or the installment amount thereof, will be billed by Manulife.
- 5. Errors in the Billings** Should the amount billed by Manulife be subsequently determined to be incorrect, the error shall be rectified and if any balance is owing by you, an amended billing will be issued and the amount of the adjustment will be due for payment within 31 days of the date of that billing.

No rectification, however, will be made retroactively for a period greater than six months if the premiums billed have been less than the correct amount, unless the error was due to incorrect information supplied by you or on your behalf.
- 6. Late Payments of Premiums** Your coverage ceases to be in force if any premium is not paid by the due date or within the subsequent days of grace.
- 7. Absence of the Receipt of a Billing Notice** Should you or the owner fail to receive a billing notice within five days of a premium due date, you should nevertheless make a conditional payment to us within the days of grace, in an amount not less than the amount of premium that you were billed on the preceding premium due date.

Should you not receive a billing, you should notify Manulife.

The conditional payment will be subject to adjustment, if necessary when the error in the billings has been rectified.
- 8. Variations in Premiums** The annual premium rates may vary based on your age and change as you enter a new age bracket. Also, we have reserved the right to adjust the premium rates. If the rates are increased, we will notify you of such an increase.
- 9. Notice of Change of Address** You have the obligation to inform Manulife of any change of address without delay. Where no notice of change of address has been received, the last address given by you to the Company will be presumed accurate for all purposes of this Certificate of Insurance.

Part 6: CONTRACTUAL ARRANGEMENTS

1. **The Legal Contract** Your Certificate of Insurance has been issued in consideration of the statements made by you in your application, a copy of which should be attached to these provisions. The Master Policy, any endorsement thereto, your application and this Certificate of Insurance, subject to any amendments thereto made in accordance with the terms set out in these provisions, shall constitute the entire contract between us and the Insured Person named in the Schedule of Benefits. The terms and provisions of the Master Policy will govern all rights to benefits of an Insured Person.

A copy of the Master Policy under which this Certificate of Insurance is issued may be examined at the office of the Association at any time during regular business hours.

Only the President of Manulife has the power to make or modify the contract of insurance.

2. **Effective Date of Insurance** The insurance described herein takes effect on the effective date specified in the Schedule of Benefits with respect to you and the dependents listed on your application form at the time of issue of this Certificate of Insurance.

All periods of insurance shall begin and end at 12:01 AM Standard Time at the resident address of the Insured Person.

Eligible dependents may be subsequently added to the list of Insured Persons by submitting a written application to the Company within 45 days of the event which causes a change in coverage status e.g. "Member Only" to "Member and Spouse", or "Member and Spouse" to "Member, Spouse and Children", together with the applicable premium, and their insurance shall be effective as follows:

- (a) With respect to the spouse of a member where the marriage occurs after the effective date, coverage will be effective as of the date of marriage;
- (b) With respect to a child of a member born after the effective date, coverage will be effective as of the child's date of birth;
- (c) With respect to a legally adopted child or stepchild acquired after the effective date, coverage will be effective as of the date the child was legally adopted or the date of marriage in the case of a stepchild.

In respect of items (b) and (c) above, if the member already has "Member, Spouse and Children" or "Member and Children" coverage, all Children born or acquired after the effective date of the "Member, Spouse and Children" or "Member and Children" coverage, will be automatically insured from their date of birth or acquisition regardless of when the change was reported to the Company.

It is however important to advise the Company as soon as possible so that the child can be added to the list of Insured Persons prior to the submission of a claim for that child.

3. **Renewal, Amendment or Termination of this Policy** The terms and conditions of the Master Policy may, at any time, be amended by agreement between Engineers Canada and us without requiring your consent or without notice being given to you, except that if such amendment modifies the terms and conditions of your insurance, then we will provide endorsements or amending documents to Engineers Canada for issuing to you.

We guarantee to renew the coverage, however, we reserve the right to review the adequacy of the rates and adjust them as required.

Unless explicitly provided for in these provisions, we may only amend or terminate the Master Policy if we have done so for all other individuals insured under the same plan within a province. No amendment to the Master Policy that adversely affects your insurance will be applied to a current or pending claim.

4. **Individual Terminations** This insurance shall immediately terminate on the earliest of the following dates:
 - (a) On the date the Master Policy is terminated if your renewal premium becomes due on said date, or on the renewal premium date following the date the Master Policy is terminated if your renewal premium does not become due on said date; or
 - (b) On the first of the month following receipt of a written request from you to terminate this insurance coverage; or
 - (c) On the expiration of the days of grace; or

- (d) On the date you no longer qualify under the government health insurance plan. It is your responsibility to notify the Company immediately if you cease to be a resident in Canada. In the event of late notification, no refund of any premium shall be made by the Company for an amount greater than the premium for a three-month period.

The insurance of an Insured Dependent shall immediately terminate on the earliest of the following dates:

- (a) On the date your insurance terminates; or
- (b) On the date the dependent ceases to be a dependent as defined in Part 1. It is your responsibility to notify the Company immediately if your dependent ceases to be a dependent as defined. In the event of late notification, no refund of any premium shall be made by the Company for an amount greater than the premium for a three-month period.

Termination of the insurance of an Insured Person during a period of hospitalization shall be without prejudice of any claim for the portion of the period of hospitalization, which is subsequent to the date of termination, provided such subsequent portion of the period of hospitalization does not exceed 90 days.

5. **Reinstatement** Where your insurance or that of your dependent(s) have been terminated for any reason, the insurance will not be reinstated except at a date determined by the Company, for benefits determined at the discretion of the Company, and in accordance with provisions and procedures set forth by the Company from time to time.

A claim made during the time the Certificate of Insurance was not in force, will not be paid.

6. **Misstatement of Age** Where the Insured Person's date of birth has been misstated, the true date of birth shall govern and the benefits, if any allowed hereunder, shall be limited to those which would have been allowed had the true date of birth been stated on the application.
7. **Non-Waiver** Any waiver or failure to insist upon performance or observance of any covenant, condition, or provision of this Certificate of Insurance by us shall not be construed as a waiver or a subsequent breach, in whole or in part, of the same covenant, condition or provision.
8. **Currency** All amounts payable under this Certificate of Insurance either to or by us shall be payable in Canada in lawful Canadian currency.
9. **Governing Laws** Your insurance is subject to the laws of your province of residence.
10. **Disclosure** You must disclose in the application for this Certificate of Insurance or in any application for reinstatement, every fact which is material to the contract. Subject to the incontestability provisions, failure to disclose or misrepresenting any material fact in the application will entitle us to cancel the coverage during the contestability period, with a refund of all premiums paid.
11. **Incontestability** This Certificate of Insurance or any payment under this Certificate may be contested if any statement in the application or any other written statement or document submitted misrepresents or fails to disclose any facts material to the insurance. Except in the case of fraud, we will not contest this Certificate of Insurance, after it has been in force during the lifetime of the Insured Person, for two years from the later of the original effective date, the effective date of any change or the last date of reinstatement.
12. **Guaranteed Re-Entry Provision** This provision is applicable to those who are and have been insured for two consecutive years under the Master Policy. To qualify for this provision, you must cancel your current coverage in favour of an employer-sponsored group program. In this circumstance, you may rejoin the program of the Association without submitting proof of insurability, under the following conditions:
- (a) The program of the Association must be in force with Manulife;
- (b) Re-entry in the program must be exercised within ten years from the date your coverage is cancelled;
- (c) You must be under age 55 at time of re-entry into the program;
- (d) Application for re-entry must be made within 90 days of your termination from the employer's group plans. You must furnish appropriate proof of prior employer's coverage;
- (e) The coverage at re-entry may not exceed the coverage previously carried under the program of the Association.

13. **Coverage Extension for Spouse and Dependent Children** In the event of the death of a Primary Insured, coverage under this Certificate of Insurance may be continued for the Insured Dependent provided written request is received by the Company within 90 days following the Insured Member's date of death. Premium for such continuation of coverage shall be equal to the current "Member and Spouse" or "Member, Spouse and Children" rate, less the "Member Only" rate.
14. **Continuation of Coverage for Incapacitated Children** This provision applies if a child of the Insured Person is incapable of earning his or her own living because of a mental or physical handicap and is chiefly dependent upon the Insured Person for financial support on the date such benefits would otherwise terminate because the child attained the limiting age as defined in Part 1. Benefits for such a child may be continued beyond the limiting age, provided proof of incapacity is submitted to the Company within 31 days after the child has reached the limiting age.
- Such coverage will continue for such a child but not beyond the earliest of the following:
- (a) The date such child marries;
 - (b) The date such child ceases to be so incapacitated;
 - (c) The date such child ceases to be chiefly dependent upon the Insured Member for financial support and maintenance;
 - (d) The date the Insured Person fails to provide any required proof of claim;
 - (e) The date the insurance for the Insured Member's dependent(s) terminates for any reason.
15. **Limitation Period** 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, or other applicable legislation, or in the *Limitation Act 2002*, for Ontario.
16. **Beneficiary** There is no right to name a beneficiary under this certificate.
17. **Right to Obtain Copies of Documents** On request, the insurer will furnish to a claimant or insured person a copy of the applicable individual's application and any written document provided to the insurer as evidence of insurability, to the extent required by law.

Part 7: CLAIMS

1. **Submitting a Claim** For pay direct drug claims with a participating pharmacy, provided such claims are for eligible expenses, you need only pay the deductible amount and the coinsurance amount to the pharmacy.

To avoid delays, include the following: Your full name and Certificate Number, the Policyholder Name - Engineers Canada and the Master Policy Number which is 90507 on any claim form or correspondence submitted to the Company. The claim form must be fully completed and signed by the Insured Member prior to submission to the Company.
2. **Submitting a Claim for Coordination of Benefits** The insured person should determine which plan is primary insurer and which is secondary insurer. Submit all necessary claim forms to the primary insurer. Keep a photocopy of the claim form. When the primary insurer has settled the claim, the insured person will receive from them an explanation outlining how the initial payment was calculated. Submit this explanation along with all necessary claim forms to the secondary insurer for payment of the balance of the eligible expenses.
3. **Proof of Loss** For other than pay direct drug claims with a participating pharmacy, written proof, as detailed in the claim form, must be submitted to us within 18 months of the date of loss, but no more than six months after the date your insurance terminates.
4. **Legal Action** Any action or proceeding against the Company shall be commenced within one year after the cause of action arose or as specified in your province of residence.
5. **Examination of Records** All records of the Insured Person containing information pertinent to insurance under the Certificate of Insurance shall be open to examination by the Company during the Certificate of Insurance term and within one year after termination of said Certificate of Insurance. Claims are maintained for a two-year period following the date incurred.
6. **When Moneys Payable other than for Health Benefits** All moneys payable other than health benefits shall be paid by the Company within 30 days after it has received proof of claim. If this cannot be done, the Company will pay interest on the unpaid sum at a rate established in accordance with its current practice.
7. **Choice of Beneficiary** All benefits payable under this Certificate of Insurance shall be payable to the Insured Person or in the event of the Insured Person's death to the beneficiary of record, and if no such beneficiary exists to his or her estate.

Part 8: INTERPROVINCIAL CONTINUATION PROVISION

You should note that if you move your place of residence outside of your province of residence you will cease to be covered under your government health insurance plan. Consequently, your insurance under this Certificate of Insurance will also terminate. However, to enable you to maintain your coverage in the event you move to another province or territory in Canada, you can continue your coverage with us under the terms and premiums then in effect in your new province of residence, subject to any adjustments specified in the Schedule of Benefits, provided:

- a) You notify us in writing that you have changed your province of residence within 60 days of doing so; and
- b) You become covered under the government health insurance plan in your new province of residence; and
- c) Your coverage would not have otherwise terminated under Part 6, Section 4.

Part 9: ELIGIBILITY REQUIREMENTS FOR INSURANCE

A **Member** is a person who, at the time of application, was:

- a) legally qualified to practice, or was training for, the profession of engineering and registered as a member of one of the provincial or territorial associations constituting Engineers Canada or an affiliate organization, as listed in [Appendix A, Section \(i\)](#), including professional engineers, geoscientists, technicians, technologists, architects; members-in-training; student engineers who were members of the Student Section in an association or order where such Student Section exists and who were within 24 months of their expected date of graduation from a program accredited by the Canadian Engineering Accreditation Board ; members whose rights and privileges have been suspended, or suspended members; or retired members;
- b) a permanent full-time employee of Engineers Canada, the Ontario Society of Professional Engineers (OSPE), Genium360 or one of the participating associations listed in [Appendix A, Section \(ii\)](#);
- c) a member, including a member whose rights and privileges have been suspended, or a suspended member of the Engineering Institute of Canada who transferred his/her coverage to the Canadian Council of Professional Engineers plan as of June 1, 1979;
- d) employed as a Forest Resource Technologist or Technician and who was registered as a member of the Applied Science Technologists and Technicians of British Columbia as at December 1, 2003; and whose membership in said association was transferred to the Association of British Columbia Professional Foresters effective December 1, 2003; or
- e) a limited licensee, being the holder of a limited engineering license, registered with one of the provincial or territorial associations constituting Engineers Canada or an affiliate organization, as listed in [Appendix A, Section \(i\)](#), to practice professional engineering within a defined scope, or for specific acts only.

For Québec residents only, at any time, are excluded members who are in one of the following situations:

- (i) are not gainfully employed, solely for the period during which they are in such situation;
- (ii) are holding a permanent disabled status;
- (iii) are holding a retiree status; or who
- (iv) have returned to school on a full-time basis.

Appendix A

Section (i)

Professional Engineers

Association of Professional Engineers and Geoscientists of Alberta
Engineers and Geoscientists British Columbia
Engineers and Geoscientists Manitoba
Engineers and Geoscientists New Brunswick
Professional Engineers and Geoscientists of Newfoundland & Labrador
Northwest Territories and Nunavut Association of Professional Engineers and Geoscientists
Association of Professional Engineers Nova Scotia
Ontario Society of Professional Engineers
Engineers P.E.I.
Association of Professional Engineers and Geoscientists of Saskatchewan
Engineers Yukon; or
Genium360

Section (ii)

Technicians and Technologists Associations

Ordre des technologues professionnels du Québec
The Association of Science & Engineering Technology Professionals of Alberta
The Ontario Association of Certified Engineering Technicians and Technologists
Certified Technicians and Technologists Association of Manitoba
The Applied Science Technologists and Technicians of British Columbia
The Society of Certified Engineering Technicians and Technologists of Nova Scotia
New Brunswick Society of Certified Engineering Technicians and Technologists
Association of Engineering Technicians and Technologists of Newfoundland Inc.
Saskatchewan Applied Science Technologists and Technicians
Island Technology Professionals; or

Geoscientists Associations

Association of Professional Geoscientists of Ontario
Geoscientists Nova Scotia
Ordre des Géologues du Québec

Architects Associations

Ordre des Architectes du Québec
Manitoba Association of Architects
Newfoundland and Labrador Association of Architects
Architects' Association of New Brunswick
Nova Scotia Association of Architect

SAMPLE

Underwritten by The Manufacturers Life Insurance Company (Manulife)

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it under license.

© 2021 The Manufacturers Life Insurance Company. All rights reserved

P.O. Box 670 Station Waterloo, Waterloo, Ontario N2J 4B8, 1 877-598-2273 manulife.ca

Accessible formats and communication supports are available upon request.

Visit manulife.ca/accessibility for more information.

