

CERTIFICATE OF INSURANCE DENTAL CARE

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 - DENTAL CARE

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 | 5 |
| Part 4: EXCLUSIONS AND LIMITATIONS | 6 |
| Part 5: PREMIUMS | 7 |
| Part 6: CONTRACTUAL ARRANGEMENTS | 8 |
| Part 7: CLAIMS | 10 |
| Part 8: ELIGIBILITY REQUIREMENTS FOR INSURANCE | 11 |
| Appendix A | 12 |
| Professional Engineers | 12 |
| Technicians and Technologists Associations | 12 |
| Geoscientists Associations | 12 |
| Architects Associations | 12 |
| Amendments, Exclusions and/or Endorsements (if any), Application | |

Part 1: DEFINITIONS

We, us, our, the Company and Manulife refers to The Manufacturers Life Insurance Company, Affinity Markets, PO Box 670, Stn Waterloo, Waterloo, ON 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 8.

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:

- a) Is married through an ecclesiastical or civil ceremony to you; or
- b) 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:

- a) Is under 21 years of age; or
- b) 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
- c) 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.

Termination Age is the age at which your insurance coverage automatically terminates on your policy anniversary date following age 65.

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.

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 you, a member of your immediate family, or anyone who resides with you.

Specialist means a dentist registered by the appropriate Provincial Licensing body to provide specialty care and is legally practicing within the scope of their license.

Course of Treatment means one or more services rendered by one or more dentists for the correction of a dental condition diagnosed during an oral exam, starting on the date of the first service to correct such condition is rendered.

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 an Insured Person incurs any eligible expense described herein, while the Policy is in effect, the Company will reimburse the Insured Person for such reasonable and customary expenses actually incurred, subject to all the provisions of the Policy.

Expenses means expenses incurred which are:

- a) For the services and treatments specifically listed in this Schedule;
- b) Recommended as necessary by a dentist;
- c) In accordance with the Current Provincial General Practitioners Fee Schedule for the province of residence in effect on the date the service is rendered;
- d) Not payable by, nor reimbursed by, any government plan of insurance regardless of whether a claim has been submitted.

If a dental claim has been made and paid in the first year, this Certificate of Insurance must be maintained in force, and premiums paid for one full year.

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

a) Basic Dental Services:

- i. Diagnostic
 - Examinations (complete exam limited to once every 3 years)
 - Diagnostic radiographs (1 full-mouth series or panorex every 3 years)
 - Bitewing radiographs (2 bitewings every 6 months)
 - Tests and cultures
- ii. Preventative
 - Preventative recall examinations, once every 9 months
 - Fluoride (once every 6 months only for dependents under 16 years of age)
 - Pit and fissure sealants (only for dependents under 16 years of age)
 - Prophylaxis (once every 12 months per adult or every 6 months for dependents under 16 years of age)
 - Light scaling (limited to 8 units per year)
 - Space maintainers (for missing primary teeth)
- iii. Minor Restorative
 - Amalgam and composite restorations
 - Pins
 - Preformed stainless steel and plastic crowns
- iv. Endodontic
 - Root canals and retreatment (one per tooth)
 - Apexification
 - Palliative dressings
 - Pulpotomy/pulpectomy
 - Endodontic surgery
- v. Periodontic
 - Occlusal adjustment and/or equilibration (limited to 8 units per year)
 - Curettage and root planing
 - Gingivoplasty
 - Grafts
 - Guided tissue regeneration
 - Splinting

- vi. Oral Surgery
 - Simple and complicated extractions
 - Biopsies
 - Removals of cysts and tumors
- vii. Other
 - Anesthesia
 - Maintenance to existing dentures (limited to once every 24 months)

b) Major Dental Services:

- Initial installation, including adjustments of partial permanent or full temporary or permanent removable dentures, or the addition of teeth to an existing denture, to replace one or more natural teeth;
- Denture adjustments that occur more than 3 months after denture installation;
- Replacement of an existing partial or full removable denture, if it:
 - Was installed at least 5 years before and cannot be made serviceable; or
 - Is a temporary full denture which replaces one or more natural teeth and for which replacement by a permanent denture is required and takes place within one year from the date the temporary denture was installed; and
- Addition of teeth to an existing partial denture, if required to replace one or more natural teeth;
- Inlays, onlays, gold fillings and crowns;
- Initial installation of fixed bridgework, including crowns to form abutments, to replace one or more natural teeth;
- Replacement of existing bridgework, but only if it was installed at least 5 years before and cannot be made serviceable.

Pre-Determination of Benefits: If the total cost of the proposed dental treatment is expected to exceed \$500, Manulife requires that a detailed treatment plan, along with the x-rays, be submitted before treatment begins. Failure to do so may result in payment of a lesser benefit amount because of the difficulty in determining the need for such treatment after it has been provided. Any x-rays received will be promptly returned to the dentist.

This Certificate of Insurance must be in force when the expense is occurred.

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 you or your dependents while covered under this insurance have incurred any allowable expenses, we shall reimburse you for such costs less any reduction under the coordination of benefits clause, and subject to the provisions of the Policy.
2. **Deductible Amount** The deductible amount is as specified in the Schedule of Benefits. Eligible expenses incurred by an Insured Person in the last 3 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.
3. **Annual Maximum and Coinsurance Percentage** The annual maximum amount payable in a calendar year is \$1,500 in respect of each Insured Person for eligible expenses incurred during such period, under this policy and any previous policy that this policy replaces. The annual maximum amount payable shall apply for such period whether or not insurance on an individual is interrupted by termination during such period for any reason whatsoever.
On the 1st of January of each calendar year, the annual maximum amount payable for an Insured Person shall be automatically reinstated.

The coinsurance percentage is the percentage of eligible expenses in excess of the deductible amount per Insured Person which we reimburse. The amount corresponding with the coinsurance percentage is referred to as the coinsurance amount in these provisions.

After satisfaction of the deductible amount payable as described in Section 2 of this Part, payment of eligible expenses by the Company shall be 80% of the basic dental services and 50% of the major dental services.

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

1. **Exclusions** No amount will be paid for charges for:
- a) recalls occurring more frequently than once every 9 months;
 - b) dental services or appliances which were assessed, arranged, ordered or obtained prior to the effective date of this Certificate;
 - c) white fillings on molars;
 - d) completion of claim forms;
 - e) dental care which is cosmetic;
 - f) broken appointments;
 - g) self-inflicted injury;
 - h) dental care covered under a medical plan provided by an employer or government;
 - i) replacement of a lost or stolen prosthesis;
 - j) expenses which, in the absence of coverage, there would be no charge;
 - k) stainless steel crowns on permanent teeth;

- l) protective athletic appliances;
 - m) any expense incurred after termination of coverage;
 - n) a full mouth reconstruction, for a vertical dimension correction, or for diagnosis or correction of a temporomandibular joint dysfunction.
2. **Limitations** The plan will pay for reasonable and customary charges for the expenses charged by a dentist, but not to exceed the limit for that service listed in the Provincial General Practitioners Dental Fee Guide. The plan does not reimburse for expenses covered by any government program or other program of insurance. The Company is entitled to be reimbursed for any amounts recovered from a third party.
- In addition, the plan can exercise an Alternate Benefit Provision; meaning the insurer reserves the right to take into account alternative procedures, services, courses of treatment and materials, and to provide benefits based on the least costly thereof which would produce professionally adequate result, consistent with accepted standards of dental practice. The fact that a similar procedure, service, course of treatment or material may have been previously used shall have no bearing on this provision.

Part 5: PREMIUMS

1. **The Consideration** The insurance granted by your Certificate of Insurance is in consideration of your paying the premiums as and 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 Policy subject to any adjustment to the standard premium rate specified in your Certificate of Insurance. 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 6 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 fail to receive a billing notice within 5 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 us by mail.
The conditional payment will be subject to adjustment, if necessary when the error in the billings has been rectified.
8. **Variations in Premiums** The premium rates may vary based on age and change as you enter a new age bracket. Also, we have reserved the right to change the premium rates but if we increase them, then 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 us 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 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 Policy will govern all rights to benefits of an Insured Person.

A copy of the 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, a Vice-President, Secretary or Treasurer 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 12:01AM 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.

If a change in coverage status e.g. "Member Only" to "Member and Spouse", or "Member and Spouse" to "Member, Spouse and Children" is not reported within 45 days of the event which causes the change in status, a dental treatment plan may be requested and coverage may not begin until after any necessary dental treatment has been completed.

3. **Renewal, Amendment or Termination of 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 Policy if we have done so for all other individuals insured under the same plan within a province.

No amendment to the 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 Policy is terminated or on the premium due date following the date the Policy is terminated; 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) 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 a 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. 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 termination of the insurance of an Insured Person during the period of dental treatment for which a pre-determination of benefits was submitted and approved shall be without prejudice of any claim for the portion of the period of treatment which is subsequent to the date of termination, provided such subsequent portion of the period of treatment does not exceed 31 days.

NOTE: If this insurance coverage terminates due to non-payment of premium or at the request of the Insured Person other than as set out above, the Primary Insured will not be eligible to rejoin the Dental Plan for four years.

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 your or your dependent(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 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. **Guaranteed Re-Entry Provision** This provision is applicable to those who are and have been insured for 2 consecutive years under the 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.

11. **Coverage Extension for Spouse and Dependent Children** In the event of the death of an Primary Insured, coverage under this Certificate of Insurance may be continued for the insured spouse and/or insured dependent children provided written request is received by the Company within 90 days following the Primary Insured'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.
12. **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 Primary Insured 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 Primary Insured's dependent(s) terminates for any reason.
13. **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.
14. **Beneficiary** There is no right to name a beneficiary under this policy.
15. **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** A claim form will be sent to the Primary Insured each time a claim is made or a standard claim form provided by a dental office may be used.
To avoid delays, include the following: Your full name and Certificate Number, the Association Name — Engineers Canada and the 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 Primary Insured 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** 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 6 months after the date your insurance terminates.
4. **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 2-year period following the date incurred.
5. **Assignments** All or part of the dental benefits may be paid directly to the dentist provided the Insured Person has signed the provision for assignment included on the standard claim form. Such assignments are subject to the Company's approval.

6. **Claim Payments** All benefits for dental are payable to the Insured Person (unless they have been assigned as stated above), if living, otherwise to the Insured Person's estate.

If benefits are payable to an Insured Person who is legally incapable of giving a binding release, the Company may pay up to \$3,000 to anyone who, in the Company's opinion, is caring for or handling the payee's estate. Any such payment made will fully discharge the Company to the extent of the payment.

Part 8: 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:

- a) are not gainfully employed, solely for the period during which they are in such situation;
- b) are holding a permanent disabled status;
- c) are holding a retiree status; or who
- d) 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 Architects

SAMPLE

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Accessible formats and communication supports are available upon request.

Visit [manulife.ca/accessibility](https://www.manulife.ca/accessibility) for more information.

