

KIN Canada

Accidental Death, Dismemberment, Paralysis and Loss of Use

If a covered loss occurs within 365 days after the date of the covered accident causing the loss, the Plan will pay in one sum the indicated percentage of the Principal Sum as set out in the following Table of Losses:

Table of Losses

Loss of Life	The Principal Sum
Loss of both hands or both feet	The Principal Sum
Loss of entire sight of both eyes	The Principal Sum
Loss of one hand and one foot	The Principal Sum
Loss of one hand and the entire sight of one eye	The Principal Sum
Loss of one foot and the entire sight of one eye	The Principal Sum
Loss of one arm or one leg	Four-Fifths of The Principal Sum
Loss of one hand or one foot	Three-quarters of The Principal Sum
Loss of the entire sight of one eye	Three-quarters of The Principal Sum
Loss of thumb and index finger of the same hand	One-third of The Principal Sum
Loss of speech and hearing	The Principal Sum
Loss of hearing in one ear	Two-thirds of The Principal Sum
Loss of four fingers of one hand	One-third of The Principal Sum
Loss of all toes of one foot	One-quarter of the Principal Sum

Loss of Use

Loss of use of both arms or both hands	The Principal Sum
Loss of use of one hand or foot	Three-quarters of The Principal Sum
Loss of use one arm or one leg	Four-fifths of The Principal Sum

Paralysis

Quadriplegia (total paralysis of both upper and lower limbs)	The Principal Sum
Paraplegia (total paralysis of both lower limbs)	The Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	The Principal Sum

"Loss" when used with reference to "Quadriplegia", "Paraplegia", and "Hemiplegia" means the complete and irreversible paralysis of such limbs; "Hand" or "Foot" means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; "Arm" or "Leg" means the complete severance through or above the elbow or knee joint; "Thumb and Index Finger" means the complete severance through or above the first phalange; "Fingers" means the complete severance through or above the first phalange of all Four Fingers of One Hand; "Toes" means the complete severance of both phalanges of all the Toes of One Foot; "The Entire Sight of One Eye" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye; "The Entire Sight of Both Eyes" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than 20 degrees in both eyes. A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing; "Hearing in One Ear" means the diagnosis of permanent Loss of Hearing in One Ear, with an auditory threshold of more than 90 decibels. A Physician certified in

Otolaryngology must confirm the diagnosis in writing; "Hearing" means the diagnosis of permanent Loss of Hearing in Both Ears, with an auditory threshold of more than 90 decibels in each ear. A Physician certified in Otolaryngology must confirm the diagnosis in writing; "Speech" means complete and irrecoverable Loss of the ability to utter intelligible sounds; and "Loss of Use" means the total and irrecoverable Loss of Use provided the Loss is continuous for 12 consecutive months and such Loss of Use is determined to be permanent. "Loss" when used herein may also include "Loss of Life".

Permanent and Total Disability Indemnity

If you suffer injury causing Permanent and Total Disability before attaining the age of 75, the Company shall pay the Principal Sum less any amounts under the Table of Losses which have been paid or which are payable for the same loss. Permanent and Total Disability means as a result of an injury, you are unable to perform at least two of the Activities of Daily Living described below without assistance from another person for 12 months after the date of the injury, and are then determined to be unable to perform such activities without assistance for the remainder of your life, and a physician certifies that your disability is total, permanent and irreversible.

Activities of Daily Living are;

1. Maintaining continence: controlling urination and bowel movements, including the ability to use ostomy supplies or other devices such as catheters;
2. Transferring: moving between a bed and a chair, or a bed and a wheelchair; Dressing: putting on and taking off all necessary items of clothing;
3. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene;
4. Eating: performing all major tasks of getting food into the body; and
5. Bathing: washing in either a tub or shower, including the task of getting in or out of the tub or shower.

Weekly Accident Indemnity Benefit

If you suffer Injury while under the age of 65 which causes Total Disability within thirty days after the date of the accident, the Company shall pay a Weekly Accident Indemnity Benefit during a period of continuous Total Disability as follows:

Total Disability Weekly Accident Indemnity Benefit for Insured Members:

Benefit Amount: a flat \$100 per week, for a maximum of 17 weeks for any one period of continuous Total Disability.

Waiting Period: 0 days from the date you have been determined by a Physician to be wholly and continuously disabled and prevented from performing, in any setting, the essential duties of any occupation for which the Insured Member has the minimum qualifications.

Accidental Para-medical Expense Reimbursement Benefit

If as a result of Injury, and within 30 days from the date of the accident causing such Injury, you obtain medical treatment in Canada from a legally qualified Physician and as a consequence of such Injury incurs expenses for any of the following services when recommended by a legally

qualified Physician, the Company shall reimburse you the reasonable and necessary expenses for the following para-medical services:

- a) private duty nursing by a licensed graduate nurse (R.N.), who does not ordinarily reside your home and who is not a member of your Immediate Family. This benefit is payable up to \$50 per hour to a maximum of \$5,000 for all Injuries resulting from any one accident;
- b) transportation, when such service is provided by a professional ambulance service to the nearest approved Hospital which is equipped to provide the required and recommended necessary treatment. This benefit is payable up to a maximum of \$5,000 for all Injuries resulting from any one accident;
- c) Hospital charges for the difference between the public ward allowance under your provincial or territorial government health insurance plan and the semi-private accommodation charge for a semi-private Hospital room. This benefit is payable up to a maximum of \$5,000 per for all Injuries resulting from any one accident;
- d) rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary; fees for services of a licensed physiotherapist. This benefit is payable up to a maximum of
- e) \$300 for all Injuries resulting from any one accident;
- f) prescription drugs and medicines (except in the Province in Quebec);
- g) expenses for hearing aids, crutches, splints, casts, trusses and braces, but excluding replacement thereof; and
- h) fees for services of a licensed chiropractor. This benefit is payable up to a maximum reimbursement of \$300 for all Injuries resulting for any one accident.

Reimbursement shall only be made provided that expenses are:

- a) incurred in Canada;
- b) incurred within 52 weeks of the date of the accident causing Injury;
- c) incurred only for therapeutic and not elective treatment; and
- d) which are supported by original receipts submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is \$10,000 for all Injuries resulting from any one accident.

Accidental Dental Expense Reimbursement

If you suffer Injury to whole and sound teeth, and within 30 days from the date of the accident causing such Injury obtain treatment in Canada for such Injury from a legally qualified dentist or dental surgeon and incur related dental expenses, the Company shall reimburse you the amount for such dental expenses up to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which you receive such treatment.

Reimbursement shall only be made provided that expenses are:

- a) incurred in Canada;
- b) incurred within 52 weeks of the date of the accident causing Injury;
- c) incurred only for therapeutic and not elective or aesthetic treatment; and

- d) which are supported by original standard dental claim form submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is \$1,000 dollars for all Injuries resulting from any one accident.

Fracture Benefit

If you sustain an Injury resulting in a fracture or dislocation listed in the following Fracture Table, the Company shall pay the amount specified in the Fracture Table, provided that such fracture or dislocation occurs within 30 days after the date of accident causing it.

The maximum amount payable for this benefit is \$500 dollars for all Injuries resulting from any one accident.

Fracture Table

For complete fracture (including Greenstick type of fracture) of:

The cranium (depressed fracture)	100% of the Fracture Benefit
The cranium (other compound)	40% of the Fracture Benefit
The spine (two or more vertebrae)	100% of the Fracture Benefit
The spine (one vertebrae)	40% of the Fracture Benefit
The spine (compression fracture).....	20% of the Fracture Benefit
The upper jaw (maxilla)	33% of the Fracture Benefit
The lower jaw (mandible)	8% of the Fracture Benefit
The thigh (femur).....	33% of the Fracture Benefit
The pelvis.....	33% of the Fracture Benefit
The knee cap (patella)	27% of the Fracture Benefit
The leg (tibia or fibula).....	25% of the Fracture Benefit
The shoulder blade (scapula)	25% of the Fracture Benefit
The ankle (Pott's fracture)	25% of the Fracture Benefit
The wrist (Colles fracture)	25% of the Fracture Benefit
The forearm (compound or comminuted)	23% of the Fracture Benefit
The forearm (not compound).....	12% of the Fracture Benefit
The sacrum or coccyx	17% of the Fracture Benefit
The sternum	17% of the Fracture Benefit
The Arm, between elbow and shoulder	17% of the Fracture Benefit
The collarbone (Clavicle).....	12% of the Fracture Benefit
The nose	12% of the Fracture Benefit
Two or more ribs	10% of the Fracture Benefit
One Hand (one or more metacarpal)	8% of the Fracture Benefit
The Foot (one or more metacarpal)	8% of the Fracture Benefit
Facial bones.....	8% of the Fracture Benefit
One rib	5% of the Fracture Benefit
Any bone not specified above	3% of the Fracture Benefit

“**Cranium**” means the vault of the skull *consisting* of the following bones: frontal, parietals, occipital, temporals, sphenoid and ethmoid.

For complete dislocation of the:

Hip.....	42% of the Fracture Benefit
Knee (with open primary repair)	33% of the Fracture Benefit
Shoulder (with open reduction)	25% of the Fracture Benefit
Wrist	17% of the Fracture Benefit
Ankle	17% of the Fracture Benefit
Elbow	12% of the Fracture Benefit
Bones of Foot, other than Toes.....	8% of the Fracture Benefit

Rehabilitation Benefit

Reimburses your expenses for occupational training to a maximum of \$10,000 if such expenses are incurred within two years of and as a result of an injury for which you receive a benefit under the Plan.

Home Alteration and Vehicle Modification Benefit

Pays a benefit of up to \$10,000 for modification to your home or vehicle if you suffer an injury for which you receive a benefit under the Plan and require a wheelchair to be ambulatory.

In-Hospital Benefit

Pays a benefit of (i) 1% of the Principal Sum to a maximum of \$2,500 per month for hospital confinements of more than 30 nights, or (ii) 1/30th of the amount determined under (i) for hospital confinements of more than 5 but less than 30 nights, if you suffer an injury for which you receive a benefit under the Plan and are confined to hospital as a result of such injury, for a maximum of twelve months.

Family Transportation

Pays a benefit of up to \$10,000 for the expenses incurred for the transportation of an immediate family member to your hospital if you suffer an injury for which you receive a benefit under the Plan and as a result are confined to a hospital more than 100 kilometers from home.

Repatriation Benefit

Pays a benefit of up to \$10,000 to cover the expenses to return your body to your city of residence if you suffer a covered accidental death while at least 50 kilometers from home.

Prosthetic Appliances

Pays a benefit of up to \$5,000 for the expenses incurred for artificial limbs and/or eyes prescribed by a physician and purchased within 52 weeks of the accident. This does not include repairs, adjustments or replacement of any such appliances.

Eyeglass and Contact Lens Expense

Pays a benefit of up to \$200 for the actual cost of repair or replacement of eyeglasses or contact lenses if the injury requires and receives treatment by a physician, where the accident results in the breakage of eyeglasses or loss or breakage of contact lenses.

Emergency Transportation Benefit

Pays a benefit of up to \$100 for the reasonable expenses incurred for transporting you to a doctor's office of nearest hospital, should you require immediate medical treatment as a result of an accident during a sanctioned activity.