



1225 St-Charles Street West, Suite 200
Longueuil QC J4K 0B9

Master Application

Application to SSQ, Life Insurance Company Inc.
Attached to and Made Part of Policy #1TN25

Application is hereby made for a policy of group insurance based on the following statements and representations:

1. Name of Policyholder:

Alberta Retired Teachers' Association

2. Description of Eligible Persons:

All Members

"Member" shall mean a member in good standing with the Alberta Retired Teachers' Association (ARTA) (as defined in the applicable sections of the ARTA Governance Manual as may be amended after the date of this Application) who is

- A permanent resident of Canada, and
- Covered by the Provincial Health Care Plan.

3. Coverage:

Medical Reimbursement Expense Benefit:	Included
Emergency Dental Treatment Benefit:	\$2,000
Evacuation Benefit:	Included
Vehicle Return Benefit:	\$5,000
Repatriation Benefit:	\$7,500

Family Transportation and Accommodation Benefit:	Round trip Economy Transportation
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Trip cancellation, Interruption and Delay:	\$10,000
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Additional Expenses:	\$3,000
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Pet(s) Return Benefit:	\$500
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Return of Excess Baggage:	\$500
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Payment Level:	100%
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Introductory Plan coverage is a continuous plan and is limited to a maximum duration of 15 days with respect to any one Trip.

Base Travel coverage is a continuous plan and is limited to a maximum duration of 92 days with respect to any one Trip.

The Insured person may elect a Supplemental Plan for trips longer than 92 days. This plan provides coverage for a single trip occurring between the Effective Date and the Trip Termination Date as noted on the enrolment form or as subsequently advised, and confirmed by, the Plan Administrator.

4. Maximum Limit of Indemnity:

The combined maximum for all expenses incurred per insured person, per lifetime under:

Medical Reimbursement Expense Benefit
Emergency Dental Treatment Benefit
Evacuation Benefit
Vehicle Return Benefit
Repatriation Benefit
Family Transportation and Accommodation Benefit
Pet(s) Return Benefit
Return of Excess Baggage

\$ 5,000,000

5. Premium Rate:

ARTA net premiums payable to SSQ are attached as Appendix A.

6. Premium Calculation:

Multiply the number of eligible Members by the rates stated in Item 5 of this Master Application.

7. Premium Due Date and Payment:

With respect to monthly payments

Premium is due on the first of each month and payable monthly in arrears, within 15 days after the termination of the period for which it applies.

No prorated premium is due to the Insurer for the period from the effective date of an insured Employee's insurance coverage until the following first Premium Due Date, if such coverage becomes effective on a day other than a Premium Due Date; and no prorated premium will be refunded by the Insurer to the Policyholder if the insured Employee ceases to be insured under the policy on a date other than a Premium Due Date.

In the event of any change or administrative error affecting premiums, an equitable adjustment in premiums will be made on the Premium Due Date next following the date of such change or the discovery of such error. Any premium adjustment which involves the return of unearned premium to the Policyholder will be authorized only

after the Insurer has received evidence that such adjustment should be made.

With respect to annual payments

The annual premium of each eligible Member is due on the date insurance becomes effective.

The total premium for all Members, who become insured or renew their insurance during each month, is payable to the Insurer no later than the first of the following month.

In the event of any change or administrative error affecting premiums, an equitable adjustment in premiums will be made on the Premium Due Date next following the date of such change or the discovery of such error. Any premium adjustment which involves the return of unearned premium to the Policyholder will be authorized only after the Insurer has received evidence that such adjustment should be made.

8. Effective Date of Insurance:

Insurance as to each eligible person becomes effective:

With respect to all ARTA Members:

- a) on the Effective Date of the Policy if eligible on or before the Effective Date of the Policy.
- b) on the date a Member becomes eligible if eligible after the Effective Date of the Policy.

9. Effective Date of the Policy:

12:01 a.m., Mountain Standard Time, November 1st, 2023 at the address of the Policyholder.

10. Anniversary Date of the Policy:

12:01 a.m., Mountain Standard Time,
November 1st, 2024 and 12:01 a.m., Mountain
Standard Time, of each subsequent
November 1st.

Signed for the Policyholder by:

Title: _____

Date: _____



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Policy #1TN25

In consideration of the statements set forth in the Master Application attached hereto and in the individual applications, if any, and in consideration of the payment of premium in accordance with Items 5, 6, and 7 of said Master Application, SSQ, Life Insurance Company Inc. (hereinafter called the "Insurer") agrees with:

ALBERTA RETIRED TEACHERS' ASSOCIATION

(Hereinafter called the "Policyholder")

to insure eligible Members of the Policyholder (hereinafter individually called the "Insured Person") for whom application is made, for loss resulting from Injury, Sickness or Disease and caused by a Medical Emergency to the extent herein provided and subject to all of the exceptions, limitations and provisions of this policy.

Effective Date and Policy Term

As stated in Item 9 of the Master Application, this policy takes effect November 1st, 2023 at 12:01 a.m., Mountain Standard Time, at the address of the Policyholder, from which date all insurance years and months will be calculated. It continues in force for the period for which premium has been paid. It may be renewed for further consecutive periods by payment of premium as herein provided, subject to the Insurer's right to decline renewal of this policy by giving at least ninety (90) days prior written

notice to the Policyholder of such declination.

Definitions

Wherever used in this policy:

"Insured Person" means the Insured Member, his or her Insured Spouse and Insured Dependent Children, provided they are covered by a provincial or territorial Government Health Insurance Plan.

"Dependent Child" means a natural child, adopted child, stepchild or child otherwise in a parent-child relationship with the Insured Member. The child must be dependent upon the Insured Member for maintenance and support and:

- a) under 21 years of age; or
- b) under 25 years of age and in attendance at an Institution for Higher Learning on a full-time basis; or
- c) no matter his age on the date of the claim, have been struck with a Functional Disability while meeting the criteria under paragraphs (1) or (2) above. Proof of the existence of this Functional Disability, including the determination by a Physician that the Functional Disability exists and when it occurred, must be presented to the Insurer within a maximum of thirty-one (31) days after the child reaches the age at which he would otherwise no longer qualify as a Dependent Child under paragraph (1) or (2) above. Thereafter, the Insurer may periodically require that other proof be submitted establishing to its satisfaction that the Functional Disability still exists and that the child otherwise meets the definition of Dependent Child, failing which, the Insurer may determine that the child no longer qualifies as a Dependent Child under the Policy.

The Dependent Child will be covered from birth provided such child is born alive.

"Spouse" means an individual:

- a) who is legally married to or in a civil union with the Insured Member; or

- b) with whom the Insured Member has continuously cohabited in a conjugal relationship.

Only one (1) individual qualifies as the Spouse of any Insured Member.

If the Insured Member is legally married or in a civil union but is also cohabiting with an individual as described under Item (b) above, the Insured Member may elect in writing which one of the individuals will qualify as a Spouse under the Policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the occurrence of the event insured against. If an election is not filed, the Spouse will be the individual to whom the Insured Member is legally married or in a civil union.

"Medical Emergency" means an emergency service rendered for the sudden onset of a medical condition, manifesting itself by acute symptoms or sufficient severity that the absence of immediate medical attention could result in:

- 1) permanently placing the individual's health in jeopardy;
- 2) serious impairment to bodily functions;
- 3) serious impairment and dysfunction of any bodily organ or part; or
- 4) other serious medical consequences.

"Injury" means bodily injury which is serious enough to require the Insured Person to seek the attention of a Physician caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy provided such injury is sustained and for which expenses are incurred during the course of a Trip outside the province of Residence. In no event shall Injury mean Sickness or Disease howsoever caused unless caused by an Accident.

"Accident" means any unlooked for mishap or untoward event which is not expected or designed.

"Sickness" means an impairment of normal physiological function and includes illness and infections, occurring while this policy is in force as to the Insured Person whose sickness is the basis of claim which is serious enough to require the Insured Person to seek the attention of a Physician and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Disease" means any unhealthy condition of the body or any part thereof occurring while this policy is in force as to the Insured Person whose disease is the basis of claim which is serious enough to require the Insured Person to seek the attention of a Physician and for which expenses are incurred during the course of a Trip outside the province of Residence.

"Trip" means travel, undertaken by the Insured Person, which commences on the date of departure from the Insured Person's province of Residence and continues until the return date to his province of Residence, subject to a maximum duration of fifteen (15) consecutive days for Introductory Emergency Travel, ninety-two (92) consecutive days for Base Emergency Travel, and up to two hundred and twelve (212) days for Base and Supplemental Emergency Travel combined. Supplemental Emergency travel is purchased in 15-day units.

"Residence" means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

- 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of the above include natural, adopted or step relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Plan Administrator" means Alberta Retired Teachers' Association when acting in its right as the Administrator of the ARTA Benefit Plan Trust Fund and the Alberta Public Service Benefits Plan Trust Fund, and is the Policyholder itself when Alberta Retired Teachers' Association is acting in its own right under this policy.

"Travelling Companion" means a person who is sharing the same booked accommodation and/or transportation arrangements with the Insured Person.

"Emergency" means any sudden and unexpected Injury, Sickness or Disease which takes place during an insured Trip and which requires immediate medical treatment by a licensed Physician, Nurse or Dentist.

"Airfare" means the regular fare charged for an economy class seat on a regular flight by a domestic or international scheduled air carrier, which holds an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such air carrier in the country of its certification.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

"Fare" means the regular fare charged for:

1. an economy class seat on a regular flight by a domestic or international scheduled air carrier,
2. a coach seat on a passenger train,
3. a regular seat on a passenger bus or,
4. an economy class seat on a boat,

where each of these carriers must hold an operating certificate issued by Transport Canada or by a similar governmental authority having jurisdiction over such carrier in the country of its certification.

"Accommodation" means lodging in the vicinity of the Hospital where the Insured Person is confined.

"Motorized Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

"Day of Departure" means the date on which the Insured Person exits their province or territory of residence in Canada.

"Day of Return" means the date on which the Insured Person returns to their province or territory of residence in Canada.

The word "Province" will be construed as territory when either the Insured Person's Residence is located or the treatment is rendered in a territory in Canada.

The male pronoun will be construed as the feminine when the person is a female.

Eligibility for Insurance

All persons qualifying under Item 2 of the Master Application are eligible for insurance hereunder.

Medical Reimbursement Expense Benefit

When by reason of a Medical Emergency resulting from Injury, Sickness or Disease, an Insured Person requires medical or surgical treatment and incurs eligible expenses as described in this section while outside his province of residence or outside Canada for non-medical reasons (e.g. a vacation trip or a business trip), the Insurer will reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

1. Hospital charges including those for room and board, up to and including the semi-private accommodation level subject to a maximum duration of twelve (12) months;
2. Hospital charges for out-patient services when medically required;
3. expenses for the services of a Nurse ordered or prescribed by a Physician, provided the Nurse does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of five thousand dollars (\$5,000) per calendar year;
4. charges for medically necessary prescription drugs, sera and injectables, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician;
5. expenses charged for the services of a duly licensed or duly registered physiotherapist for physiotherapy treatment ordered or prescribed by a Physician, provided such physiotherapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of two hundred and fifty dollars (\$250) per calendar year;
6. expenses for a licensed ground ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, to or from the nearest Hospital which is equipped to provide the required treatment;
7. expenses incurred for the following:
 - a) x-rays and laboratory examinations which are required for diagnostic purposes;
 - b) rental of wheelchair, crutches or canes;
8. expenses for medical care and treatment rendered or surgical procedure performed by a Physician;
9. expenses for the services of a licensed anaesthetist when recommended by a Physician;
10. expenses for the services of any of the following practitioners, provided such practitioner is duly licensed or duly registered where required in the province of practise and does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of two hundred and fifty dollars (\$250) per calendar year (such services require the recommendation of a Physician):
 - a) chiropractor;
 - b) chiropodist or podiatrist.

Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of one (1) x-ray per practitioner for each Insured Person per Accident, Sickness or Disease.

Emergency Dental Treatment Benefit

When Injury to whole and sound teeth or artificial teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person, but not to exceed in the aggregate the amount of two thousand dollars (\$2,000) per calendar year. Chewing accidents are not covered. The dental work must be completed within 6 months of the Accident and while coverage is in effect.

Any payments made under this section will be in accordance with the current Dental Fee Guide for General Practitioners in the Province of residence of the Insured Person.

Evacuation Benefit

If, as a result of a Medical Emergency resulting from Injury, Sickness or Disease, an Insured Person requires any of the following evacuations:

1. transportation by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance, from the place of Accident, Sickness or Disease to the nearest Hospital that is equipped to provide the required treatment (or medical facility or doctor's clinic, when warranted) provided the evacuation is recommended by the attending Physician and approved by the Insurer;
2. transportation to the Insured Person's province of Residence by any conveyance (other than ground ambulance) licensed to carry passengers for hire, including air ambulance provided the evacuation is recommended by the attending Physician and approved by the Insurer and the attending Physician certifies in writing that the Insured Person's medical condition after receiving treatment (including diagnostic testing) warrants the return to his province of Residence for further treatment or to recover;

3. transportation to the Insured Person's province of Residence in the event he is confined as inpatient in a Hospital and under the Regular Care and Attendance of a Physician, thus preventing him from returning to his province of Residence on the original scheduled return flight, provided the return ticket is non-changeable and non-refundable.

The Insurer will pay the reasonable and necessary transportation expenses actually incurred by the Insured Person including any related medical services and supplies.

The Insurer will also pay the reasonable and necessary expenses actually incurred by a medical attendant or one (1) Immediate Family Member, who accompanied the Insured Person, for a round trip Airfare plus Accommodation and board.

Vehicle Return

Reimbursement of charges and arrangements, if an insured individual is unable to operate his/her owned or rented vehicle due to sickness, injury or death while travelling outside his/her normal province of residence, for the return of the vehicle up to a maximum of five thousand dollars (\$5,000). Benefits will only be payable for return of the vehicle:

1. to the insured individual's normal place of residence; or
2. to the nearest appropriate rental agency.

Expenses incurred by anyone travelling with the person returning the vehicle are not covered.

Repatriation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or dependent more than fifty (50) kilometres from the deceased body's normal place of Residence, the Insurer will pay the reasonable and necessary expenses (including cremation), and actually incurred for the transportation of the body of the deceased Insured Person to the first (1st) resting place (including but

not limited to a funeral home or the place of interment) in the vicinity of the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation, subject to the maximum amount of Repatriation Benefit stated under Item 3 of the Master Application.

The benefit payable under this section will be payable to the person who actually incurred the expenses.

Family Transportation and Accommodation Benefit

In the event a loss of life resulting from Injury, Sickness or Disease is sustained by an Insured Person or if the Insured Person is confined as an inpatient in a Hospital for three (3) or more consecutive days because of a Medical Emergency and under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and necessary expenses actually incurred by:

1. any other Insured Persons or Travelling Companion who remained with such Insured Person during his hospitalization, thus preventing them from returning to their province of Residence on the original scheduled return date, provided the return Fare is non-changeable and non-refundable, for their board, Accommodation and transportation by the most direct route back to their normal place of Residence, subject to the cost of one (1) way Fare; or
2. an Immediate Family Member or a family representative for board, Accommodation and one (1) return Fare for transportation by the most direct route to and from the normal place of residence of the Immediate Family Member or family representative to the confined Insured Person, if such Insured Person had been travelling unaccompanied by a family member at the time he became hospitalized.

If transportation occurs in a Motorized Vehicle other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of thirty-five cents (\$ 0.35) per kilometre travelled.

The total maximum amount payable under this section by the Insurer to or on behalf of any Insured Person will not exceed the amount of Family Transportation and Accommodation Benefit stated under Item 3 of the Master Application as a result of any one (1) Accident, Sickness or Disease.

Trip Cancellation or Trip Interruption and Delay

In the event the Insured Person must cancel his Trip, the Insured Person will be reimbursed the non-refundable portion of the pre-paid travel arrangements up to a maximum of \$10,000 per Insured Person.

Note: This insurance does not cover trips within the Insured Person's province or territory of residence and must be in effect prior to the event which necessitates a claim. When the reason for cancellation occurs prior to departure of an insured Trip, the Insured Person must cancel his Trip with the travel agency or travel supplier and notify the Insurer within 48 hours following the event forcing cancellation.

In the event the Insured Person must curtail his Trip or delay his Day of Return, the Insured Person must contact the Insurer within 48 hours of the event forcing interruption / delay. The Insured Person will be reimbursed for the extra cost of a one-way economy airfare to the departure point or to the destination point and any unused non-refundable land arrangements up to a maximum \$10,000 per Insured Person. Expenses will be reimbursed when the insured person provides any of the following when applicable:

1. a statement completed by the Physician in personal attendance in the locality where the Sickness or Injury occurred stating the diagnosis and the complete reason for the necessity of delay or cancellation of the Insured Person's Trip;
2. documentary evidence of the Emergency situation which caused the delay;
3. proof that a portion of the travel arrangement costs are non-refundable;
4. any unused transportation tickets;

5. any receipts for land arrangements and out-of-pocket expenses;
6. any tickets or receipts for any extra transportation cost incurred.

Trip Cancellation and Trip Interruption/Delay benefits are covered where applicable upon the occurrence of any of the following events:

1. Death, Injury or Sickness of an Insured Person, an Immediate Family Member, a close business associate, or a Travelling Companion.
2. Insured Person being called unexpectedly for jury duty or being subpoenaed as a witness in a case being heard during the Trip.
3. A transfer by employer of the Insured Person or his / her Spouse for which notice was received from the employer subsequent to the booking and prior to scheduled Day of Departure, if the date of transfer is coincident with or prior to the scheduled Day of Departure, and requires a move to a new principal residence.
4. Damage to the Insured Person's principal residence by a disaster making it uninhabitable.
5. Hijack of a Common Carrier in which an Insured Person is travelling.
6. Terrorism in a country that an Insured Person is scheduled to visit, which leads to a recommendation by the Government of Canada that Canadians should not travel to that area due to Terrorist incidents for a period which includes the Day of Departure.
7. Death, quarantine or hospitalization for at least 48 hours, of host at destination.
8. A natural disaster at the place of destination.
9. Medical quarantine of an Insured Person for a communicable disease diagnosed by a Physician.
10. If an Insured Person is involuntarily dismissed or laid-off from his / her principal employment within 30 days of the scheduled Day of Departure, provided a letter of termination is produced, and provided the Insured Person had no knowledge of this loss on the date of application for insurance.
11. Refusal of an Insured Person's visa, provided that documentation shows he or she was eligible to apply, that refusal is not due to a late application, and that the application is not a subsequent attempt for a visa that had been previously refused.
12. If the Insured Person misses the originating flight from the scheduled departure point or cruise due to delay of the Insured Person's connecting carrier (plane, ship, bus, limo, taxi, train, auto) resulting from inclement weather conditions, mechanical failure, traffic accident, police-directed road closure or flight delay.
13. Cancellation of a planned business meeting due to death or hospitalization of the person with whom the Insured Person is to meet, or cancellation of a conference (for which the Insured Person has paid registration fees) due to circumstances beyond the control of the Insured Person. Benefits are only payable to the Insured Person who is attending the meeting. Proof of registration will be required in the event of a claim.
14. A call to service of the Insured Person by Government with respect to reservists, military, police or fire personnel.
15. With respect to the trip cancellation clause: The issuance by the Government of Canada of an advisory:
 - a) to avoid all travel, or to avoid non-essential travel, to a location where the insured plans to travel; or
 - b) to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

The advisory must be issued after the insured has made the travel arrangements. The advisory must be in force on the scheduled date of departure.

16. With respect to the trip interruption clause:
The issuance by the Government of Canada of an advisory:

- a) to avoid all travel, or to avoid non-essential travel, to a location where the insured is on a trip; or
- b) to avoid all cruise ship travel when the insured is already on a cruise ship.

The advisory must be in force during the trip.
The insured must comply with the advisory within 14 days following its issuance.

Additional Expenses

Reimbursement of charges, when a Trip is delayed due to hospitalization of an Insured Person, for board, lodging or similar expenses incurred by insured persons and/or travelling companions who remain with the hospitalized person up to a \$150 per day (for all persons combined) to a maximum of \$3,000. Receipts for all expenses must be provided.

Pet(s) Return Benefit

This benefit covers up to a maximum of \$500 for the actual cost of a one-way transportation you incur for the return of your pet(s) to your province or territory of residence if you The Pet(s) Return Benefit is also available if you are returned to Canada as described under Evacuation Benefit. Any other charges related to the return of the pet(s) are your responsibility.

Return of Excess Baggage

If you return to your province or territory of residence under the Evacuation Benefit, this insurance covers the cost to return your excess baggage up to \$500. This benefit must be approved in advance by AXA Assistance Canada Inc.

Maximum Limit of Indemnity

With the exception of those benefits listed below, the total amount payable under this policy for reimbursement of all expenses, which an Insured Person has incurred as the result of all Injuries caused by any one (1) Accident or as the result of any one (1) Sickness or Disease, will not exceed the Maximum Limit of Indemnity stated under Item 4 of the Master Application.

The following benefits are excluded from the Maximum Limit of Indemnity:

Trip cancellation,
Interruption and Delay
Additional Expenses

Payment Level Percentage

The payment level percentage indicated under Item 3 of the Master Application applies to all benefits payable under the section entitled "Medical Reimbursement Expense Benefit" as a result of any one (1) Accident, Sickness or Disease.

Reimbursement of insured expenses will be made at the percentage indicated.

Indemnity Payments

Unless otherwise indicated, all benefits will be paid to or at the direction of the Insured Member. Accrued benefits, if any, unpaid at the time of the Insured Member's death will be paid to his estate.

Effective Date of Individual Insurance

Insurance as to a person qualifying under Item 2 of the Master Application will take effect as indicated in Item 8 of the Master Application.

Individual Terminations

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

1. on the date this policy is terminated;

2. on the premium due date if the Policyholder fails to pay the required premium for the Insured Person;
3. on the date the Insured Member ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

In the event an Insured Person becomes ineligible during a Trip, insurance will terminate on the earliest of the date he returns to his province of Residence or the maximum duration as stated in the definition of "Trip" following the date of departure from such province.

Termination of the insurance of any Insured Person will not prejudice consideration of any claim as a result of Injury, Sickness or Disease which occurred prior to such termination. In the event the Insured Person is hospitalized as a result of Injury, Sickness or Disease prior to the termination of insurance, benefits will be paid provided treatment is continuous for such Injury, Sickness, or Disease subject to the terms and provisions of this policy in effect as of the date of the termination of insurance. However, no benefits will be payable under the sections entitled "Medical Reimbursement Expense Benefit" and "Emergency Dental Treatment Benefit" for expenses incurred after the Insured Person is no longer confined as an inpatient in a Hospital or twelve (12) months from the first day of hospitalization, whichever occurs first.

Continuation of Coverage

Coverage under this policy may be continued for an Insured Person without payment of premium in the event the Insured Person is delayed beyond his termination date of insurance as follows:

1. If the Insured Person is returning to his province of Residence and the delay is caused by a mechanical breakdown of the conveyance in which he is travelling or scheduled to travel, a traffic accident or inclement weather, coverage will continue up to seventy-two (72) hours from the date his insurance would have terminated.
2. If, as a result of a Medical Emergency caused by Injury, Sickness or Disease, the Insured Person is confined as an inpatient in a Hospital, coverage will continue up to seventy-two (72) hours from the date of discharge from such Hospital.
3. If, as a result of a Medical Emergency caused by Injury, Sickness or Disease, the Insured Person is not confined in a hospital but the attending Physician certifies that his medical condition prevents him from returning to his province of Residence, coverage will continue up to a maximum of ten (10) days from the date his insurance would have terminated.

The coverage which is continued under this section will be subject to the terms and provisions of this policy in effect as of the date the Insured Person's insurance would have terminated including any provisions providing for reductions in amounts of insurance.

Exclusions and Limitations

- A. This policy does not cover loss (fatal or non-fatal) or expenses caused by or resulting from:
 1. suicide or intentionally self-inflicted Injury;
 2. war, whether declared or not;
 3. perpetration of acts of terrorism or participation in a riot, insurrection or civil commotion;
 4. active full-time, part-time or temporary service in the armed forces of any country;
 5. pregnancy, childbirth or miscarriage within 8 weeks of expected delivery;
 6. a Trip undertaken by the Insured Person for the purpose of obtaining medical treatment, assessment or consultation;
 7. participation in any professional athletics;

8. **With respect to Introductory Emergency Travel**

any condition for which the Insured Person received medical advice, consultation or treatment within three (3) months prior to the commencement of a Trip, with the exception of a Chronic Condition which is under treatment and Stabilized by the regular use of prescribed medication;

"Chronic Condition" means a disease or disorder which has existed for a minimum of three (3) months.

"Stabilized" means there has not been a change in the medical condition requiring medical or psychiatric intervention for a minimum of three (3) months. Adjustments in doses of Warfarin or Coumadin are not considered to be medical intervention for the purpose of this definition, as long as the attending physician can confirm that the Insured Person's condition is stabilized before the date of departure.

9. expenses not incurred as a result of a Medical Emergency as defined in this Policy;
10. services or treatments received as a result of routine medical care;
11. a Medical Emergency that no longer exists because medical evidence indicates that the Insured Person is able to return to their province of residence. Once a Medical Emergency ends, no further benefits are payable for the continuing treatment, recurrence or complication arising directly or indirectly from the condition which caused the Medical Emergency;
12. air travel, other than as a passenger in a commercial aircraft licensed to carry passengers for hire;
13. mental or emotional disorders that do not require hospitalization;
14. abuse of medication, drugs or alcohol;

15. Expenses incurred in a location for which the Government of Canada issued an advisory to avoid all travel as well as expenses incurred during cruise ship travel while the Government of Canada issued an advisory to avoid all cruise ship travel. If the insured is already present at the location in question or on a cruise ship at the time the advisory is issued, they must comply with the advisory within 14 days following its issuance. If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

16. any event which, on the date you booked your trip, could reasonably have been expected to prevent you from travelling as booked;
17. any event prior to departure, which might reasonably have been expected to necessitate your immediate return or delay your return.
18. With respect to trip cancellation / interruption exclusions or restrictions: No expenses are payable if the insured made travel arrangements while a Government of Canada advisory was in effect recommending:
 - a) to avoid all travel to a location where the insured plans to travel; or
 - b) to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

However, this exclusion does not apply:

- a) to any trip cancellation for an eligible reason for cancellation other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level before the scheduled date of departure; and
- b) to any trip interruption for an eligible reason for interruption other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower

risk level before the scheduled date of departure or during the insured's trip.

No trip interruption expenses are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending:

- a) to avoid all travel to a location where the insured plans to travel; or
- b) to avoid all cruise ship travel when the insured is scheduled to take a trip on a cruise ship.

However, this exclusion does not apply to any trip interruption for an eligible reason other than the Government of Canada advisory, if there is a change to the risk level of the advisory to a lower risk level during the insured's trip.

No trip interruption expenses caused by the following advisory are payable if the insured leaves on a trip while a Government of Canada advisory is in effect recommending to avoid non-essential travel to a location where the insured plans to travel.

However, this exclusion does not apply to any trip interruption caused by the advisory, if there is a change to the risk level of the advisory to a higher risk level during the insured's trip.

No trip interruption expenses caused by one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:

- a) to avoid all travel or to avoid non-essential travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
- b) to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

No trip interruption expenses for an eligible reason for interruption other than one of the following advisories are payable if, during the insured's trip, the Government of Canada issues an advisory:

- a) to avoid all travel to a location where the insured already is and the insured does not comply with the advisory within 14 days following its issuance; or
- b) to avoid all cruise ship travel when the insured is already on a cruise ship and does not comply with the advisory within 14 days following its issuance.

If the insured does not comply with the advisory within 14 days following its issuance, no expenses incurred by the insured will be eligible after this deadline.

B. This policy does not cover any of the following supplies or services or costs thereof:

- 1. expenses covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;
- 2. expenses which are reimbursed under the Policyholder's other group health and hospitalization insurance plan
- 3. medical examinations for the use of a third (3rd) party, cosmetic surgery and dental services other than those required as a result of an Accident;
- 4. charges for experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada, contraceptives of any type or form and patent medicines;
- 5. charges for any experimental medical treatments not approved by the Canadian Medical Association or the appropriate medical specialty society;

6. services for which no charge would ordinarily be made if there was no insurance coverage;
 7. expenses incurred for necessary treatment or surgery which medically could be delayed until the Insured Person has returned to his province of Residence; or
 8. medical expenses for treatment or surgery which the Insured Person elects to have rendered or performed outside his province of Residence, following an Emergency treatment or diagnosis of a medical condition which (on medical evidence) would not prevent the Insured Person from returning to his province of Residence prior to such treatment or surgery.
- C. The following limitations to the coverage provided under this policy will apply:

1. Coverage for each Trip begins when an Insured Person leaves the border of his province of Residence or if travelling by aircraft, when such aircraft takes off in his province of Residence, provided insurance is in force as to such Insured Person in accordance with Item 8 of the Master Application.

Coverage for each Trip terminates when an Insured Person crosses the border of his province of Residence when returning from a Trip or if travelling by aircraft, when such aircraft lands in his province of Residence or fifteen (15) days for Introductory Emergency Travel, ninety-two (92) days for Base Emergency Travel, and up to two hundred and twelve (212) days for Base and Supplemental Emergency Travel combined .following the date of departure from his province of Residence, whichever is earlier

2. All expenses must be incurred on a non-elective Emergency basis outside the Insured Person's province of Residence and are in excess of expenses payable under any individual, group or government sponsored hospital or medical insurance plan.

3. In consultation with the attending Physician, the Insurer reserves the right to transfer an Insured Person to another Hospital or to return an Insured Person to his province of Residence for necessary treatment. In the event the Insured Person refuses to comply, the Insurer will no longer be liable for further expenses incurred, which are relating to the condition causing the treatment, after the proposed transfer date.

Non Duplication

Any benefits normally payable under any other insurance policy or plan that duplicate benefits payable under this policy will be co-ordinated with this policy to the extent that the aggregate reimbursement does not exceed the total expenses incurred.

The Insurer may, at its discretion, require from the Insured Person an assignment of all right of recovery against any other party for loss to the extent that payment is made hereunder.

General Provisions

Written notice of loss must be given to the Insurer within thirty (30) days after the date of such loss. Such notice given by or on behalf of the Insured Person, as the case may be, to the Insurer at its Head Office, 1225 St-Charles Street West, Suite 200, Longueuil QC J4K 0B9, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than two (2) years after the date of the loss.

The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss within thirty (30) days after the receipt of such notice.

Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than two (2) years after the date of the loss.

The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder.

All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy are payable in the lawful money of Canada.

The insurance of an Insured Person is non-assignable.

This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for insurance will be deemed representations and not warranties.

Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. Thereafter, the claimant will be limited to a two (2) year period [three (3) years in the province of Quebec] during which legal action may be taken.

If any time limitation specified in this policy for giving notice of claim, or submitting proof of loss, or undertaking legal action is less than that permitted by law of the province in which the Insured Person is residing at the time of loss, then the time limitation will not be less than that provided for by such provincial law.

This policy shall be governed by and construed in accordance with the laws of the Province of Alberta and the non-exclusive jurisdiction of the Courts of competent jurisdictions of the Province of Alberta.

This policy may be cancelled by the Policyholder by mailing to the Insurer stating when, not less than one hundred and twenty (120) days thereafter, such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than one hundred and twenty (120) days thereafter, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.

Unless otherwise provided in this policy, if the Policyholder cancels, earned premiums will be computed in accordance with the customary short rate table and procedures. If the Insurer cancels, earned premiums will be computed pro rata. Premium adjustment may be made at the time cancellation is effected, and if not then made, will be made as soon as practicable after cancellation becomes effective. The Insurer's cheque or the cheque of its representative mailed or delivered as aforesaid will be sufficient tender of any refund of premium due the Policyholder.

The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

IN WITNESS WHEREOF, SSQ, Life Insurance Company inc. has caused this endorsement to be signed by its Chief Executive Officer and Senior Vice-President.



Chief Executive Officer

Senior Vice-President

Date: December 4th, 2023

AXA Assistance Canada Inc.
AXA Assistance Program

SSQ, Life Insurance Company Inc., in cooperation with AXA Assistance Canada Inc. agrees to provide the Medical Assistance Program to persons insured (hereinafter referred to as Member) under **Policy #1TN25** issued to:
ALBERTA RETIRED TEACHERS' ASSOCIATION

The following Emergency services will be provided while the Member is travelling away from his normal place of Residence:

1. Referrals to physicians and health facilities.
2. Dispatch, if permissible by local laws, of replacement medication if lost, stolen or depleted.
3. Medical monitoring and evaluation during treatment and ongoing updates to family.
4. Arrangements for medical evacuation to the nearest facility capable of providing the required care.
5. Special assistance on medically supervised emergency transportation.
6. Handling arrangements in the event of the Member's death.
7. Emergency message transmission between the Member and his family.
8. Assistance in replacing travel documents while travelling, i.e., passports, credit cards.
9. Contact information for embassies and consulates worldwide.
10. Arrangements for an initial legal consultation if the Member experiences a civil or criminal problem in a foreign country.
11. Emergency telephone translation services or referrals to interpreter services.
12. Assistance in making travel arrangements for a family member chosen by the Member to join the Member at the place where the Member is hospitalized.
13. Return to home travel arrangements for dependent children who are left unattended.
14. Assistance in replacing tickets, identification papers or other official documents in the event of loss, theft or early return.
15. Pre-trip information such as information on passports, visas, required vaccinations and any restrictions that apply to each country the Member is visiting.
16. Assistance in finding lost or stolen luggage.

If a Member becomes ill or injured, call AXA Assistance at one of the numbers shown on the Membership Card and be prepared to give the following information:

- the name of the person calling, telephone # and relationship to the Member;
- the Member's name, location, ID # and Policy # as shown on the Membership Card;
- the condition of the Member and nature of the Emergency;
- name, location and telephone # of hospital;
- name, location and telephone # of treating physician.

AXA Assistance will help the ill or injured Member to get the care needed. However, neither SSQ, Life Insurance Company Inc. nor AXA Assistance will be responsible in any way for the availability, unavailability, quantity, quality or results of any medical services or treatment received or for the failure to obtain such services or treatment.

AXA Assistance must be notified within 48 hours of an Emergency, or when reasonably possible, following an Emergency. Claims may be reduced if contact is not made with AXA Assistance within 48 hours of admission to Hospital.

SSQ, Life Insurance Company Inc. will provide each Insured Employee/Member with the Membership Card which shows the telephone #s to call. The service is available 24 hours a day, 365 days a year for any medical, travel or personal Emergency.

This service is available provided **Policy # 1TN25** remains in force with SSQ, Life Insurance Company Inc.

December 4th, 2023

Date

This program does not form part of the contract with SSQ, Life Insurance Company Inc.
