

DIAGNOSTIC REQUIREMENTS

All Critical Illnesses - The insurer reserves the right to have any Critical Illness diagnosis reviewed by a physician of its choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, the insurer shall have the right to request an examination of either you or the evidence used in the arriving at your diagnosis by an independent acknowledged expert selected by the insurer in the applicable field of medicine. The opinion of such expert as to such diagnosis shall be binding on both you and the insurer.

CONTINUANCE OF COVERAGE

If you are not actively working your coverage may be extended for a period of time in accordance with the Trust Fund provisions. Please contact your plan administrator.

CLAIMS

Notice of Claim

Written notice of claim must be filed within 30 days after the diagnosis, or as soon thereafter as is reasonably possible.

Claim Forms

Claim forms can be obtained at:

Benefit Plan Administrators Limited
90 Burnhamthorpe Road West, Suite 300
Mississauga, Ontario L5B 3C33

Tel: 905-275- 6466 Toll Free: 1 800-867-5615

Proof of Loss

Written proof of loss must be furnished within 90 days after the date of the diagnosis. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claim

Upon receipt of due written proof of loss, benefit payments will be made to you (or on behalf of you, if applicable). If you should die before all payments due have been made, the amount still payable will be paid to your beneficiary.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made to any relative by blood or connection by marriage of the payee who, in the insurer's opinion, has assumed custody and support of the minor or responsibility for the incompetent person's affairs.

EXCLUSIONS AND LIMITATIONS

The policy does not provide benefits caused in whole or in part by, or resulting in whole or in part from, the following:

- 1) suicide or any attempt at suicide, or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- 2) declared or undeclared war, or any act of declared or undeclared war;
- 3) commission of or attempt to commit a felony;
- 4) voluntary participation in any riot or civil insurrection;
- 5) any illness specifically excluded from the definitions of Critical Illness.

This brochure is a summary of benefits only. In the event of a dispute, all terms and conditions of the Master Policy shall prevail.

The Master Policy is on file with Ontario Teamsters Benefit Plan Trust Fund .



CRITICAL ILLNESS COVERAGE

For eligible members of



ONTARIO TEAMSTERS BENEFIT PLAN TRUST FUND

POLICY NUMBER
CI 9129172A

October 2023

CRITICAL ILLNESS COVERAGE

If you suffer any of the Critical Illnesses covered by the policy, you will receive the Benefit Amount shown below in a lump sum payment. Under some circumstances if you, return to active work and later suffer another Critical Illness, you may qualify for a second benefit payment equal to your first payment.

If you qualify for a Critical Illness benefit payment, you can use it any way you wish for example, to help cover extra costs associated with your illness, or to help make up for lost income.

All benefit payments are subject to the terms and conditions of the policy, which are summarized in this brochure.

ELIGIBILITY

All in benefit Members and retired Executives of the Ontario Teamsters Benefit Plan Trust Fund under the age of 70 years of age and who meet the eligibility requirements.

BENEFIT AMOUNT

Members: \$30,000.00

A Multiple Event Benefit may be payable equal to the Benefit Amount, subject to certain conditions as described under Multiple Event Benefit.

COVERED CRITICAL ILLNESSES

- Aortic Surgery
- Aplastic Anemia
- Bacterial Meningitis
- Benign Brain Tumor
- Blindness
- Coma
- Coronary Artery Bypass Surgery
- Partial Payment for Coronary Angioplasty:
The benefit will provide 10% of the Principal Sum
- Deafness
- Dementia, including Alzheimer’s Disease
- Heart Attack
- Heart Valve Replacement or Repair
- Kidney Failure
- Life Threatening Cancer
- Loss of Independent Existence
- Loss of Limbs
- Loss of Speech
- Major Organ Failure on Waiting List
- Major Organ Transplant
- Motor Neuron Disease
- Multiple Sclerosis

- Muscular Dystrophy
- Occupational HIV Infection
- Parkinson’s Disease and Specified Atypical Parkinson Disorders
- Quadriplegia, Paraplegia, Hemiplegia
- Severe Burn
- Stroke
- Partial payment for Non-Life-Threatening Cancer: The benefit will provide 25% of the Principal Sum for the following conditions:
 - 1) Stage I malignant melanoma of the skin
 - 2) Basal or Squamous Cell Carcinoma
 - 3) Stage I Colon cancer (T1 or T2)
 - 4) Carcinoma in situ;
 - 5) T1a or T1b Prostate cancer
 - 6) Papillary thyroid cancer or follicular thyroid cancer,
 - 7) chronic lymphocytic leukemia classified as Rai stage 0
 - 8) Any tumour in the presence of any Human Immunodeficiency (HIV).

BENEFIT PAYMENT CONDITIONS

Payment of benefits upon the first diagnosis of the Critical Illnesses listed above is subject to the following:

- the diagnosis is made within Canada;
- the diagnosis is made while your coverage is in effect under the policy;
- payment is not precluded by any general or specific exclusion or limitation set forth in the policy or any failure to meet any condition precedent set out below; and
- once 100% of the maximum Benefit Amount has been paid, coverage terminates and no further benefits are payable, except as described under Multiple Event Benefit.

MULTIPLE EVENT BENEFIT

This benefit does not apply to your Spouse or eligible dependent children. If you are diagnosed with a Critical Illness for which the Benefit Amount has been paid and is thereafter considered Fully Recovered and is then diagnosed with a subsequent Critical Illness, an additional payment equal to the Benefit Amount is payable provided the subsequent Critical Illness is in a different Critical Illness Group than the for which the Benefit Amount has been paid (as determined in the table below).

The date of Diagnosis for any subsequent Critical Illness must be after the date of Diagnosis for all Critical Illness for which the Benefit Amount has been paid.

You are eligible for payment of the Benefit Amount one time per Critical Illness Group, as follows:

Critical Illness Group	Critical Illness Conditions
Group 1	Aortic Surgery; Coronary Artery Bypass Surgery; Heart Attack; Heart Valve Replacement or Repair; Stroke
Group 2	Aplastic Anemia; Kidney Failure; Major Organ Failure on Waiting List; Major Organ Transplant
Group 3	Bacterial Meningitis; Benign Brain Tumor; Coma; Dementia, including Alzheimer’s Disease; Loss of Independent Existence; Loss of Speech; Motor Neuron Disease; Multiple Sclerosis; Muscular Dystrophy; Parkinson’s Disease and Specified Atypical Parkinson Disorders; Quadriplegia, Paraplegia, Hemiplegia
Group 4	Blindness
Group 5	Deafness
Group 6	Life Threatening Cancer
Group 7	Loss of Limbs
Group 8	Occupational HIV Infection
Group 9	Severe Burn

CANCER RECURRENCE BENEFIT

If you have already been diagnosed with cancer and, while insured, a new Diagnosis of Life-Threatening Cancer is made, you will receive a benefit equivalent to the Benefit Amount applicable to the person Diagnosed with Life-Threatening Cancer, if the following conditions have been met:

- More than 60 months have passed since the previous cancer diagnosis; and
- No treatment relating directly or indirectly to cancer has been received within that 60 month period (treatment does not include preventive medications and follow up visits to the doctor).

The Diagnosed cancer must meet the definition of Life-Threatening Cancer, as presented under the Critical Illness Definitions and Diagnostic Requirements section of the policy in order to be eligible for a payment under this provision.