

GENERAL INFORMATION

Eligibility

Coverage is offered to all members under age 70 or age 65 if retired at the date of application. The expression "member" includes the following categories: a member in good standing, a retired member, an associate member of the Association, or a full-time employee of the Association.

Spouse and dependents

The spouse and dependent children are automatically insured if unmarried, over 24 hours and under 21 years of age. A common-law spouse and children over 21 years of age may be eligible under certain conditions.

BENEFITS

GROUP LIFE INSURANCE

Basic Plan

Member	\$20,000
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Coverage terminates at the policy anniversary, at age 70, retirement or resignation of employment.

The Group Life Insurance benefit provides for the payment of the amount shown above to the appointed beneficiary.

If the member should die prior to age 70 and within the 31 days following the termination of the coverage, the death benefit will be paid.

SPOUSAL AND DEPENDENT LIFE INSURANCE

Spouse	\$5,000
Children	\$2,000

The Spousal and Dependent Life Insurance benefit provides for payment to the member, of the amount shown above, upon the death of the spouse or child.

ADDITIONAL BENEFITS FOR MEMBER

ACIDENTAL DEATH AND DISMEMBERMENT

For any of the losses listed below within 365 days of bodily injury caused by purely accidental means, payment will be \$10,000 multiplied by the applicable percentage shown below:

Loss of:	Benefit:
Life	100%
Sight of both eyes	100%
One hand one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Hearing in both ears and speech	100%
Sight of one eye	.66 2/3%
Speech or hearing in both ears	.66 2/3%
Thumb and index finger or at least four fingers of one hand	.33 1/3%
All toes of one foot	.25%
Hearing in one ear	.25%

Loss of or loss of use of:

Both hands or both feet	100%
One arm or one leg	75%
One hand or one foot	.66 2/3%

After 365 days of continuous paralysis:

Quadriplegia, Paraplegia, Hemiplegia	.200%
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TERMINATION OF INSURANCE COVERAGE (CONVERSION PRIVILEGE)

Within 31 days following termination of insurance, the insured member may convert to an individual policy, without medical evidence of health.

OPTIONAL LIFE INSURANCE

Monthly premiums for each unit of \$10,000

Member under age 40	\$1.20
age 40 to 49	\$2.90
age 50 to 59	\$6.00
age 60 to 64	\$10.00

Optional Life Insurance up to \$90,000 is available in units of \$10,000 subject to medical evidence of health. Optional Life Insurance is not available to members who are on disability insurance and/or on sick leave.

Optional Life Insurance terminates at age 65.

DISABILITY WAIVER OF PREMIUM (for optional life insurance)

The insurer may exempt the member from paying the premiums if he becomes totally unable to work for more than 6 months due to an accident or illness, at any time prior to age 65.

Eligibility to waiver of premiums ends when the member retires or resigns.

ASSOCIATE MEMBERS (following retirement)

Full insurance coverage may be retained until age 65 as an Associate Member. Retirement, however, must be official according to the Canadian Government Superannuation Act and premiums must be paid directly to the National Office of A.P.O.C., annually in advance.

ASSOCIATE MEMBERS

When an Associate Member's status is awarded by the Branch, the Associate Member is entitled to retain the Insurance until age 65. Premiums must be paid directly to the National Office of A.P.O.C., annually in advance.

CHANGE OF BENEFICIARY

The insured member shall have the right to change the beneficiary he has designated, subject to the laws governing such changes at that time.

NOTICE AND PROOF OF CLAIM

Prior to granting any benefits or making any payment, the Insurer has the right to demand reasonable written proof of the event, including a medical examination or an autopsy. Furthermore, the Insurer may request a written proof of the age of the insured person.

Written notice and proof of claim must be received by the Company within 12 months, or as soon thereafter as is reasonably possible, but not later than 18 months of the date of occurrence.

Note: This booklet and identification card issued in your name certify that you are a member of the group policy. The exact terms of the plan are described in the more detailed provisions of the policy which was issued to the Association of Postal Officials of Canada.

For more information please contact your local branch representative.



Group Life Insurance

FOR MEMBERS *and their FAMILY*

OFFERED BY
THE ASSOCIATION OF POSTAL
OFFICIALS OF CANADA

POLICY: G0022331

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