

SPECIAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE – POLICY SUMMARY AND BENEFICIARY FORM

The Government of Alberta (the Policyholder) provides Accidental Death and Dismemberment Insurance, at no charge, for all hourly wage employees and those employees on the bi-weekly salary system who are not participating in the Employer's Group Life Insurance Plans. This policy is also utilized to provide additional occupational AD&D coverage to those salaried and Wage 2850 employees who are participating in the Employer's Group Life Insurance Plan, and who are, or may be, assigned to duty in an aircraft during flight.

Coverage is in force while employees are performing the duties of their job including travelling on Government business. A benefit is payable in the event an accident, occurring while the employee is performing assigned duties for the Employer including while travelling on Government business, causes the employee's death, dismemberment or loss of use of bodily limbs.

The amount of benefit is based on a principal sum equal to four times the injured employees annualized rate of pay subject to a specified maximum.

Coverage is not in force in case of:

- (1) suicide or any attempt there at while sane or insane;
- (2) intentionally self-inflicted injury;
- (3) piloting an aircraft unless endorsed to the policy;
- (4) commission of a crime by the insured person.

This is a brief summary of the principle features of the policy. The policy of insurance (policy #119-1650) is the governing document.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFICIARY DESIGNATION

POLICY INFORMATION

Name of Employer/Policyholder	Policy Number	Certificate Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE/INSURED INFORMATION

Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BENEFICIARY DESIGNATION OR CHANGE OF BENEFICIARY

Beneficiary Last Name	Beneficiary Given Name	Relationship to the Insured	Age	% payable to each
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the designated beneficiary is estate, please indicate "Estate" under Beneficiary Last Name. No other information is required.
If you are designating a minor as a beneficiary please complete the Declaration Appointing Trustee below.

NOTE FOR QUEBEC RESIDENTS

If you have named your spouse as your beneficiary, this designation will automatically be Irrevocable. This means that you will not be able to change your coverage without their consent.

If you do not wish your spouse's designation to be Irrevocable, please check here → Revocable

CONTINGENT BENEFICIARY DESIGNATION

If all of my primary beneficiaries predecease me, I designate the following individual(s) as my beneficiary(ies).

Beneficiary Surname	Beneficiary Given Name(s)	Relationship to Insured	% payable to each
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION APPOINTING TRUSTEE TO BE COMPLETED IF BENEFICIARY IS A MINOR

Note: If more space is needed, please attach a separate sheet of paper, dated and signed.

If you are naming a beneficiary who is under the age of 18, you should name a Trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any Minor Beneficiary:

AUTHORIZATION

If more than one beneficiary is designated and if one of the beneficiaries dies before the Insured, his/her share will be divided equally among the other designated beneficiaries. In accordance with the terms and conditions of the above-mentioned group insurance policy, I, the undersigned, hereby revoke any previous designation of beneficiary and name the above-mentioned person(s) as my beneficiary entitled to receive any amount payable under this group policy upon my death. If this beneficiary predeceases me and I do not have a contingent beneficiary, the death benefit will be payable to my estate.

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation. The beneficiary designation stated on this form will supercede all prior dated designations and will apply to all coverage in force under this group policy unless specific instructions to the contrary have been received by Industrial Alliance Insurance and Financial Services Inc.

X

Signature of Employee/Applicant (must always sign)

Date of Application (dd-mmm-yyyy)

THIS FORM IS TO BE RETAINED BY THE EMPLOYER