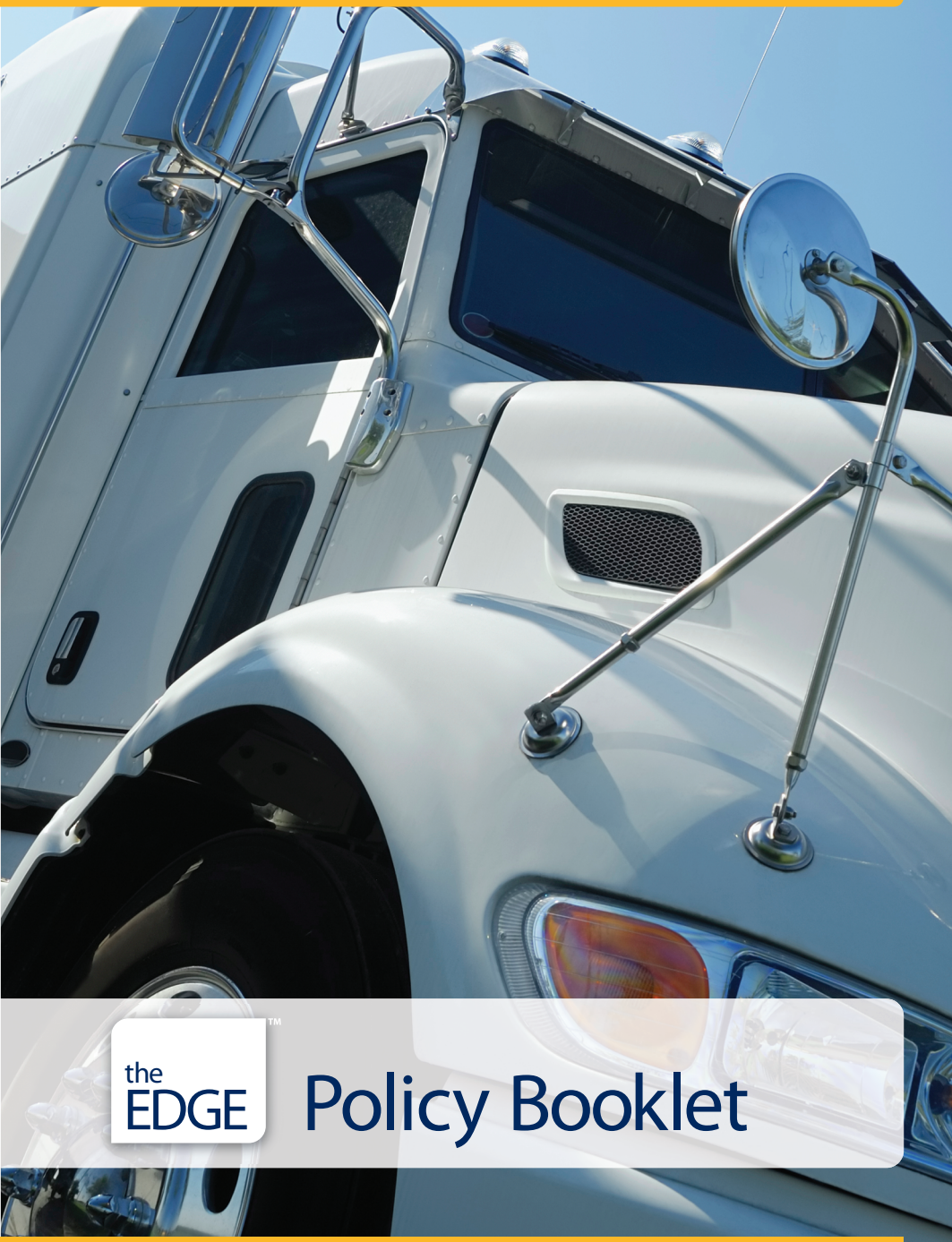
the EDGE™ Roadside



the EDGE™

Policy Booklet

Simply Safeguarding Your Lifestyle™

IMPORTANT NOTE: You are only covered for those benefits applied for, which the underwriting insurer has approved and for which premium has been received. Please see your Schedule of Benefits for confirmation of the plan purchased.

POLICY INDEX

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.

LOSS OF INCOME INSURANCE

Co-operators Life Insurance Company
(Herein referred to as “We”, "Us","Our” and the “Company”)

“Administrator” refers to the Edge Benefits Inc.

We agree to provide insurance coverage and pay benefits as described in this Policy. Our agreement to pay is subject to the provisions on the attached pages, which together with the application, the Schedule of Benefits, and any amendments or endorsements to this Policy, and any other declaration effecting insurability make up this Policy.

This is a limited Policy, which provides insurance against losses as defined in this Policy. The insurance coverage is subject to specified exclusions, and certain reductions and limitations of benefits as described in this Policy’s provisions.

Premiums are subject to Change by class grouping.
(Please see the Termination and Change of Premium Provisions in Section 7)

24 HOUR OR NON-OCCUPATIONAL INJURY COVERAGE

Subject to the Definitions, and the Exclusions and Limitations, this Policy provides coverage for Disability caused by an Injury that is not Work Related. In addition, when "24 Hour" Coverage is indicated on the Schedule of Benefits, this Policy also provides coverage for Disability caused by an Injury that is Work Related. If the Schedule of Benefits indicates "Non-Occupational" Coverage, there is no coverage for Disability caused or contributed to by an Injury that is Work Related. Injury Coverage Is Guaranteed Renewable to the Insured Person’s 75th birthday;

ILLNESS COVERAGE

Subject to the Definitions, and the Exclusions and Limitations, this Policy provides coverage for Disability due to illness only if coverage for Disability from Illness is indicated on the Schedule of Benefits. All references in this Policy to benefits for Disability due to Illness only apply if coverage for Disability from Illness is indicated on the Schedule of Benefits. Illness Coverage is Guaranteed Renewable to the Insured Person’s 70th birthday and no Illness Coverage is provided after the Insured Person’s 70th birthday.

EFFECTIVE DATE OF COVERAGE

Coverage for Disability or other loss due to Injury is effective on the Effective Date specified on the Schedule of Benefits provided premiums have been paid.

Coverage for Disability or other loss due to Illness is effective on the later of:

1) the date the first premium has been received;
2) the Effective Date specified on the Schedule of Benefits;
3) if the Company required a signature of the Insured Person, on delivery of this Policy, then the date of said delivery and signature;

Kevin Daniel
Executive Vice-President and Chief Operating Officer

SECTION 1 GENERAL DEFINITIONS

Accident or Accidental means an unexpected and sudden event due exclusively to an external force of a violent nature beyond the Insured Person's control, occurring while this Policy is in force.

Class Grouping means a group of Insured Persons by occupation, plan type (which includes, but is not limited to, Elimination Period and Benefit Period), gender and/or province or territory.

Day, for the purposes of this Policy, a 'day' is a continuous 24 hour period.

Disability or Disabled means a state of Total Disability or Partial Disability.

Effective Date means any of the date(s) shown on the Schedule of Benefits. These are the date(s) upon which coverage for each specific benefit commences under this Policy. The Effective Date for coverage under each benefit may differ, including a different Effective Date for Illness coverage than for Injury coverage.

Elimination Period (EP) means the number of consecutive days of Disability specified on the Schedule of Benefits or in an endorsement or amendment to this Policy that must pass for each period of Disability before the payment of any benefit payments begin. If this Policy provides coverage for Disability resulting from Illness, there may be different Elimination Periods for Disability resulting from Illness and Injury. They will be shown on the Schedule of Benefits.

He/his/him applies to both sexes unless the context clearly indicates otherwise.

Illness means a disease or sickness, which is first Manifested while this Policy is in effect. Regardless of the date of first Manifestation, illnesses that result, directly or indirectly, from any of the conditions or activities listed in any of the Exclusions provisions of this Policy are deemed not to be Illnesses and are not covered for the applicable benefits under this Policy.

Injury means Accidental physical harm or damage sustained by the Insured Person while this Policy is in effect. No Disability or loss shall be considered as due to Injury if it results, directly or indirectly, from disease or sickness. However, Soft Tissue Injuries are deemed to be an Injury.

Physical harm or damage that results, directly or indirectly, from any of the conditions or activities listed in any Exclusions provision of this Policy are deemed not to be an Injury and are not covered for the applicable benefits under this Policy.

Insured Person means the individual named in the Schedule of Benefits, who has applied and been approved for coverage by the Company.

Leave of Absence means an arranged period of absence from work that has been agreed to with the Insured Person's employer and which has a specific return to work date.

Manifest (Manifestation, Manifested) means the disease or sickness does not merely exist, but a symptom or symptoms have appeared, regardless of whether or not any medical treatment or advice has been sought or received or whether a correct diagnosis has been made.

Month, for the purpose of this Policy, a 'month' refers to a calendar month.

Partially Disabled or Partial Disability means that:

1) The Insured Person is not Totally Disabled; and
2) The Insured Person is engaged in his Regular Occupation or any gainful occupation; and
3) Due directly to continuing Injury or Illness, the Insured Person is unable to perform either:
   i) One or more important duties of his Regular Occupation; or
   ii) The important duties of his Regular Occupation at least one-half of the time normally required; and
4) The Insured Person is receiving Physician's Care.

No period of Disability shall be considered as due to Injury if it begins more than 120 days after the date of the Accident.

The availability of work does not affect the determination of Partial Disability.

Physician means an individual who is not related by blood or marriage to the Insured Person or ordinarily resident with the Insured Person or a business associate of the Insured Person and who is legally licensed to practice medicine or surgery in the jurisdiction where such an individual is practicing. Treatment by a chiropractor is acceptable provided the treatment is authorized and monitored by a Physician.

Physician's Care means the regular and personal care of a Physician, which under prevailing medical standards is appropriate for the condition(s) causing the Disability.

Policy means the insurance coverage described in this document that the Company has issued as evidence of the contract of insurance coverage between it and the Insured Person. Unless otherwise stated in writing to the contrary, this Policy includes insurance coverage under any amendment, rider or endorsement that the Company has issued for intended attachment to this document. It does not refer to any other insurance coverage that has not been issued by the Company.

Reasonable Occupation means any occupation in which the Insured Person could earn, or within a 12 month period of time, could expect to earn, an income equal to or greater than:

1) 80% of his Qualifying Insurable Monthly Earnings (QIME), if his QIME are less than or equal to $4,350; or
2) 80% of the first $4,350 of his Qualifying Insurable Monthly Earnings (QIME), plus 150% of the remainder of his QIME, if his QIME are greater than $4,350.

Regular Occupation, unless modified by the Unemployment/Minimal Work or Leave of Absence Provisions in Section 6, means the occupation or occupations the Insured Person is actively involved in for compensation at the date he becomes Disabled.

Soft Tissue Injury means a contusion, a Sprain or a Strain, and the following conditions:

1) bursitis;	2) carpal tunnel syndrome	3) epicondylitis (medial & lateral);
4) patellofemoral syndrome	5) palmar fasciitis	6) plantar fasciitis;
7) rotator cuff injury	8) tarsal tunnel syndrome;	9) tendonitis.

Sprain means a joint Injury, in which some fibers of a supporting ligament are ruptured, but the continuity of the ligament remains intact.

Strain means an Injury to a muscle caused by over-stretching or over-exertion.

Totally Disabled or Total Disability means that:

1) Due directly to Injury or Illness the Insured Person is unable to perform the important duties of his Regular Occupation; and
2) The Insured Person is not engaged in any gainful occupation; and
3) The Insured Person is receiving Physician's Care.

After Disability benefits have been payable for 36 months during any one period of Disability, then Total Disability means that: 1) Due directly to Injury or Illness the Insured Person is unable to engage in any Reasonable Occupation for which the Insured Person is, or may reasonably become, fitted by education, training or experience, and 2) The Insured Person is receiving Physician's Care.
No period of Disability shall be considered as due to Injury if it begins more than 120 days after the date of the Accident.

The availability of work does not affect the determination of Total Disability.

Unemployed for an Insured Person who is or was an employee means that the Insured Person is not currently working and has been or is entitled to be issued a Record of Employment by his employer; and, for an Insured Person who is self-employed, Unemployed means that the Insured Person is not actually working at least 20 hours per week on a regular basis and at least 35 weeks per year.

Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes but is not restricted to an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat.

Work Related means arising out of, or in the course of:

- any employment or business in which the Insured person was engaged; or
- any other work which the Insured Person was performing for financial gain.

SECTION 2 QUALIFYING INSURABLE MONTHLY EARNINGS

DETERMINATION OF QUALIFYING INSURABLE MONTHLY EARNINGS AT TIME OF CLAIM FOR LOSS OF INCOME BENEFIT

Definition of Terms Used In This Section

Contract Personnel means an individual who, during the term of the contract, provides services to only one person, partnership, association, body corporate or entity, including a partnership or an unincorporated association or organization (each entity, a "Person"), where (a) the Person provides the tools, materials or equipment for the individual to perform the services, and (b) the individual is remunerated on a per unit (pound, square foot, kilometre, etc.) or hourly basis.

Contract Personnel Income means the greater of:

(a) The monthly average of the Insured Person's gross remuneration from the Contract in the six month period immediately preceding the commencement of disability less any applicable Contract expenses that are deductible from the gross remuneration under the Income Tax Act of Canada (the "Tax Act");
(b) The monthly average of the Insured Person's gross remuneration from the Contract in the last completed taxation year preceding the commencement of disability less any applicable Contract expenses that are deductible from the gross remuneration under the Tax Act; and
(c) The monthly average of the Insured Person's gross remuneration from the Contract in any consecutive 24 month period within the 36 months immediately preceding the commencement of disability less any applicable Contract expenses that are deductible from the gross remuneration under the Tax Act.

Employment Income means the sum of:

1) the equivalent monthly amount of the total of the Insured Person's salary, wages, commissions, fees or other remuneration from employment, less any employment expenses that are deductible from employment income under the Income Tax Act of Canada; and
2) the equivalent monthly amount of any regular annual or periodic bonus paid to the Insured Person averaged over the prior 24 month period.

Employment Income is the greater of:

1) the average monthly amount of the above Employment Income over the 6 months immediately preceding the date the period of Disability began; or
2) the rate of the above Employment Income in effect at the date the period of Disability begins.

Gross Business Revenue means the Insured Person's share of business revenue before business expenses and before taxes from an incorporated or unincorporated business, which was partly or wholly owned by the Insured Person and in which the Insured Person was working full or part-time.
Gross Business Revenue is reduced by the sum of the following:

1) any deduction for cost of goods sold which may include the cost of materials and supplies but not the cost of labour; and
2) any salaries, wages or bonuses paid as employee wages to individuals employed with the business but not including any amounts paid to the Insured Person.

Net Earned Income means the Insured Person's share of:

1) annual pre-tax profits from an incorporated business; or
2) business income, less the Insured Person's share of business expenses that are deductible from income under the Income Tax Act of Canada from an unincorporated business which was partly or wholly owned by the Insured Person and in which the Insured Person was working full or part-time.

Prior Average Gross Business Revenue is the greater of:

1) the average monthly Gross Business Revenue during the six month period immediately preceding the commencement of Disability; or
2) the average monthly Gross Business Revenue during the taxation year immediately preceding the commencement of Disability; or
3) the average monthly Gross Business Revenue in any consecutive 24 month period within the 36 month period immediately preceding the commencement of Disability. The 24 month period must commence after the applicable Effective Date.

Prior Average Net Earned Income means the greater of:

1) the average monthly Net Earned Income during the six month period immediately preceding the commencement of Disability; or
2) the average monthly Net Earned Income during the taxation year immediately preceding the commencement of Disability; or
3) the average monthly Net Earned Income in any consecutive 24 month period within the 36 month period immediately preceding the commencement of Disability. The 24 month period must occur after the applicable Effective Date.

Insurable Monthly Earnings (IME) means the sum of the following, if:

1) the Insured Person has earnings from employment, the Insured Person's Employment Income; and
2) the Insured Person who meets the definition of a Contract Personnel, has self-employed earnings from a contract, the Insured Person's contract income; and
3) the Insured Person has earnings from self-employment, the greater of:

a) Prior Average Net Earned Income; and
b) 50% of Prior Average Gross Business Revenue. If this measure is used to determine Insurable Earnings any Employment Income paid to the Insured Person from that business is not included in the calculation of Insurable Earnings.

Inadmissible Insurable Monthly Earnings

Insurable Monthly Earnings do not include investment income, income from government plans, rent, royalties, pension income, annuities, deferred compensation or other forms of income which do not depend on the Insured Person's ability to engage in any occupation or employment.

Verification of Insurable Monthly Earnings

The Company will require written evidence of Insurable Monthly Earnings which may include, but is not limited to, information from third parties, a true copy of income tax returns, audited income and expense statements or employer's salary statements. Once a method of determining income has been selected for any particular claim, that same method will be used throughout the entire period of that claim.

Qualifying Insurable Monthly Earnings (QIME) are determined based on the Insurable Monthly Earnings and the chart below. If Insurable Monthly Earnings are below $5,416, QIME is 75% of Insurable Monthly Earnings.

QUALIFYING INSURABLE MONTHLY EARNINGS (QIME)

Insurable Monthly Earnings	Qualifying Insurable Monthly Earnings (QIME)	Insurable Monthly Earnings	Qualifying Insurable Monthly Earnings (QIME)	Insurable Monthly Earnings	Qualifying Insurable Monthly Earnings (QIME)
Less than 5,416	75% of IME	14,166 - 14,999	7,550	39,583 - 41,665	14,350
5,416 - 5,832	4,125	15,000 - 15,832	7,825	41,666 - 45,832	14,875
5,833 - 6,249	4,275	15,833 - 16,665	8,100	45,833 - 49,999	16,000
6,250 - 6,665	4,450	16,666 - 17,499	8,350	50,000 - 54,165	17,125
6,666 - 7,082	4,600	17,500 - 18,332	8,600	54,166 - 58,332	18,250
7,083 - 7,499	4,750	18,333 - 19,165	8,850	58,333 - 62,499	19,375
7,500 - 7,915	4,925	19,166 - 19,999	9,075	62,500 - 66,665	20,500
7,916 - 8,332	5,075	20,000 - 20,832	9,325	66,666 - 70,832	21,575
8,333 - 8,749	5,225	20,833 - 21,665	9,550	70,833 - 74,999	22,600
8,750 - 9,165	5,400	21,666- 22,499	9,775	75,000 - 79,165	23,600
9,166 - 9,582	5,550	22,500 - 23,332	10,000	79,166 - 83,332	24,550
9,583 - 9,999	5,700	23,333 - 24,165	10,200	83,333 - 91,665	25,250
10,000 - 10,415	5,875	24,166 - 25,999	10,425	91,666 - 99,999	26,925
10,416 - 10,832	6,025	25,000 - 27,082	10,650	100,000 - 108,332	28,475
10,833 - 11,249	6,175	27,083 - 29,165	11,175	108,333 - 116,665	29,975
11,250 - 11,665	6,350	29,166 - 31,249	11,700	116,666 - 125,999	31,525
11,666 - 12,082	6,500	31,250 - 33,332	12,225	125,000 - 133,332	33,050
12,083 - 12,499	6,650	33,333 - 35,415	12,750	133,333 - 141,665	34,375
12,500 - 13,332	7,000	35,416 - 37,499	13,275	More than 141,665	35,000
13,333 - 14,165	7,275	37,500 - 39,582	13,800		

SECTION 3 LOSS OF INCOME BENEFIT

Definition Of Terms Used In This Section

Loss of Income Benefit in any month means the lesser of:

1) the Maximum Monthly Benefit shown on the Schedule of Benefits;
2) the Insured Person's Qualifying Insurable Monthly Earnings (Section 2); or
3) the Insured Person's Qualifying Insurable Monthly Earnings (Section 2) reduced in accordance with the Integration of Benefits Provision (Section 6).

During the first 18 months of compensable Disability, the Loss of Income Benefit will not be less than 25% of the Maximum Monthly Benefit shown on the Schedule of Benefits, subject to the Limitations of this Policy.

Maximum Benefit Period means the maximum length of time for each period of Disability, for which Loss of Income Benefits are payable. The Maximum Benefit Period ends on the earliest of:

1) the date the Insured Person ceases to be Disabled according to the definition of Disability as defined in this Policy;
2) the date benefits cease in accordance with the Benefit Limitations or Exclusions of this Policy;
3) the Insured Person's 70th birthday, if the Disability commences on or before the Insured Person's 68th birthday
4) the last day of the Benefit Period as shown on the Schedule of Benefits or in any endorsement or amendment to this Policy, if the Disability commences on or before the Insured Person's 68th birthday,
5) the date 24 months of Loss of Income Benefits have been paid, if the Disability commences after the Insured Person's 68th birthday, or,
6) the date the Insured Person fails to provide proof of claim in accordance with the requirements of the Proof of Claim provisions in Section 7.

BENEFIT PROVISIONS

Total Disability Benefit

If an Insured Person is Totally Disabled after the Elimination Period, the Company will pay the Loss of Income Benefit for each month during which the Insured Person remains Totally Disabled, subject to the Maximum Benefit Period, and Policy Limitations and Exclusions.

Where the Insured Person is Totally Disabled after the expiry of the Elimination Period for only part of a month, the Loss of Income Benefit will be pro-rated based on the number of days the Insured Person is Totally Disabled divided by the number of days in that month.

Total Disability Benefits are payable in arrears.

Partial Disability Benefit

If an Insured Person is Partially Disabled after the Elimination Period applicable to this Loss of Income Benefit, the Company will pay 50% of the monthly Loss of Income Benefit for each month during which the Insured Person remains Partially Disabled, up to a maximum of six (6) months and subject to the Maximum Benefit Period, and Policy Limitations and Exclusions.

Where the Insured Person is Partially Disabled after expiry of the Elimination Period for only part of a month, the Loss of Income Benefit will be pro-rated based on the number of days the Insured Person is Partially Disabled divided by the number of days in that month. Partial Disability Benefits are payable in arrears.

Return to Work Assistance Benefit

While the Insured Person is Disabled, We may provide assistance in returning the Insured Person to work. We may review funding of the services and/or modifications from time to time and We may continue funding of them if We determine that they are assisting the Insured Person adequately in returning to work. We may also modify or withdraw funding of the services and/or modifications depending upon the Insured Person's participation and progress in returning to work.

Recurrent Disability

If, within six months of the end of a prior period of Disability for which Loss of Income Benefits were paid, Disability results again from the same or a related medical cause(s) which caused the prior Disability, then

any subsequent period of Disability will be deemed to be a continuation of the previous period of Disability in determining the Maximum Benefit Period. A Loss of Income Benefit will be payable from the first day of such subsequent Disability. Each period of Disability separated by 6 months or more will be considered as a separate Disability, even if such Disabilities are due to the same or related causes.

Concurrent Disability
If a Disability is caused by more than one Injury or Illness or from both causes, the Company will pay benefits as if the Disability was caused by only one Injury or Illness.

Limitations and Exclusions
See Section 6 for the Exclusions and Limitations applicable to benefits under this Section.

SECTION 4 BUSINESS OVERHEAD EXPENSE BENEFIT

There is no coverage under this benefit, unless it is shown on the Schedule of Benefits or any endorsement or amendment to this Policy.

Definition Of Terms Used In This Section

Business Overhead Expenses mean the fixed contractual operating expenses of a business, where the Insured Person is an owner, generates the sales or revenue, and is involved in the day to day operation of that business. If a premium is accepted for any period during which the Insured Person is no longer responsible for the Business Overhead Expenses, this Policy will remain in effect but the Business Overhead Expense Benefit will be limited to the return of premium accepted during that period for this benefit.

Business Overhead Expenses are limited to the Insured's share of the fixed contractual operating expenses of the business and include:

- scheduled installment payments of principal of debt allocated to business use;
- rent, leased and rented equipment, business property liability insurance premiums, dues for professional associations, interest on debt, accounting fees;
- other fixed contractual business expenses, which are normal and customary in the operation the business
- wages, fees or other compensation for any employee if that employee is involved in administrative support and is not engaged in any revenue producing or sales generating activities for the business and was continuously employed in the business for a period of not less than six months prior to the Insured Person's date of Disability. For an Independent Transport Owner-Operator, a replacement driver is included as a Business Overhead Expense. For a Farm Owner, a replacement farmer is included as a Business Overhead Expense.

Business Overhead Expenses Do NOT Include:

- wages, fees or other compensation payable to staff or any person who generates revenue for the business;
- any expense for which the Insured Person is not liable, any expenses for which the Insured Person was not regularly liable before the start of Disability;
- travel and entertainment expenses;
- any business or office supplies, fuel or repairs and maintenance;
- Business Overhead Expenses for which the business is reimbursed through any other source.

Independent Transport Owner-Operator means a person:

1) whose occupation is truck driver; and
2) who is the owner of the truck and/or is responsible for paying for the truck used in their occupation; and
3) who has discretion to enter contracts to transport goods with any organization and is not exclusively bound to carry goods for one organization.

Maximum Benefit Period means the maximum length of time for each period of Disability, for which benefits are payable under this Business Overhead Expense Benefit. The Maximum Benefit Period begins on the date benefits become payable and ends on the earliest of:

1) the date the Insured Person ceases to be Disabled according to the definition of Disability as defined in this Policy;
2) the date benefits cease in accordance with the Benefit Limitations or Exclusions of this Policy;
3) the Insured Person's 75th birthday;
4) the date the Maximum Total Benefit is paid; or
5) the date the Insured Person fails to provide proof of claim in accordance with the requirements of the Proof of Claim provisions in Section 7.

Maximum Monthly Benefit means the greatest dollar amount the Company will pay each month while the Insured Person is Disabled subject to the terms of this Policy. The Maximum Monthly Benefit is shown on the Schedule of Benefits or in an endorsement or amendment to this Policy.

Maximum Total Benefit means 12 times the Maximum Monthly Benefit. The cumulative total of Monthly Expense Benefits paid for a single claim cannot under any circumstances exceed the Maximum Total Benefit.

Monthly Expense Benefit means the dollar amount which is payable while the Insured Person is Disabled. It is equal to the lesser of the actual Business Overhead Expenses incurred for the month or the Maximum Monthly Benefit.

BENEFIT PROVISIONS

Total Disability Benefit
If an Insured Person is Totally Disabled after the Elimination Period applicable to this Business Overhead Expense Benefit, the Company will reimburse to the Owner of this Policy, upon submission of receipts or other proof satisfactory to the Company, the Business Overhead Expenses incurred for each month during which the Insured Person is Totally Disabled, subject to the Monthly Expense Benefit, Maximum Benefit Period, Maximum Monthly Benefit, Maximum Total Benefit and Benefit Limitations and Exclusions. Where the Insured Person is Totally Disabled after the expiry of the Elimination Period for only part of a month, the Loss of Income Benefit will be pro-rated based on the number of days the Insured Person is Totally Disabled divided by the number of days in that month.

Partial Disability Benefit
If an Insured Person is Partially Disabled after the Elimination Period applicable to this Business Overhead Expense Benefit, the Company will reimburse to the Owner of this Policy, upon submission of receipts or other proof satisfactory to the Company, 50% of the Monthly Expense Benefit for each month during which the Insured Person is Partially Disabled, for up to a maximum of three (3) months, subject to the Maximum Benefit Period, Maximum Total Benefit and Benefit Limitations and Exclusions. Where the Insured Person is Partially Disabled after expiry of the Elimination Period for only part of a month, the Loss of Income Benefit will be pro-rated based on the number of days the Insured Person is Partially Disabled divided by the number of days in that month.

Recurrent Disability
If, within six months of the end of a prior period of Disability for which Business Overhead Expense Benefits were paid, Disability results again from the same or a related medical cause(s) which caused the prior Disability, then any subsequent period of Disability will be deemed to be a continuation of the previous period of Disability in determining the Maximum Benefit Period and Maximum Total Benefit.
A Business Overhead Expense Benefit will be payable from the first day of such subsequent Disability. Each period of Disability separated by six months or more will be considered as a separate Disability, even if such Disabilities are due to the same or related causes.

Concurrent Disability
If a Disability is caused by more than one Injury or Illness or from both causes, the Company will pay benefits as if the Disability was caused by only one Injury or Illness.

Limitations and Exclusions
See Section 6 for the exclusions and Limitations applicable to benefits under this section.

SECTION 5 ACCIDENT MEDICAL TREATMENT BENEFIT

Benefit Provisions
If an Insured Person incurs any of the following expenses because of an Accidental Injury and the Insured Person provides the Company with proof of payment for the expenses, the Company will reimburse the Insured Person for the reasonable and customary amounts of those expenses, up to a cumulative total of $10,000:

1) qualified Physician (including surgeon and anesthetist) fees;
2) necessary care and services from a hospital, including x-rays and medicines, (but not including room ward, semi-private or private) charges;
3) fees for the services from a registered graduate nurse who is not related by blood or marriage to the Insured Person or ordinarily resident with the Insured Person or a business associate of the Insured Person;
4) ambulance fees;
5) fees for the services of any of the following licensed practitioners: physiotherapist, osteopath, chiropractor, chiropodist, podiatrist, speech therapist, psychologist, and, when recommended by a physician, massage therapist;
6) rental of a wheel chair or other approved durable equipment for temporary therapeutic treatment, but not to exceed the purchase price prevailing at the time such rental became necessary;
7) purchase of hearing aids, crutches, trusses, braces, casts and splints, but not including the cost of replacements;
8) orthopedic appliances;
9) drugs or medicines dispensed by a licensed pharmacist, which requires the prescription from the attending Physician; or
10) services by a qualified dentist for dental treatment to natural teeth or replacement of natural teeth, but not to exceed the cost of the least expensive treatment that will provide a professionally adequate treatment.

EXCLUSIONS
Please see Section 6 of this Policy.

LIMITATIONS
Benefits are subject to the following limitations:

1) Expenses covered by any governmental health insurance plan in the Insured Person's province or territory of residence will not be covered.
2) Expenses must be solely and directly as a result of an Accident to the insured person, and substantiated by submission of original receipts. Physician's Care must be sought within 30 days of the Accident and the first such expense must be incurred within 90 days of the Accident. All other expenses must occur within 365 days of the Accident.

SECTION 6 EXCLUSIONS AND LIMITATIONS FOR SECTIONS 1 - 5

Important please review

EXCLUSIONS
A. The following exclusion applies to claims for benefits provided under Section 5 of this Policy. In addition, if this Policy does not provide coverage for Disability resulting from Illness, then the following exclusion applies to claims for benefits under Section 3 and Section 4 of this Policy:

Benefits are not payable or provided under this Policy, and no premiums will be waived, for any portion of any period of Disability, nor for any other loss covered by this Policy, that results, directly or indirectly, from any disease or sickness (including any medical or surgical treatment thereof).

This exclusion does not apply however to Disability, or any other loss covered by this Policy, that results directly from a septic infection caused through a wound Accidentally sustained.

B. The following exclusions apply to claims for all benefits provided under this Policy:

I. Benefits are not payable or provided under this Policy, and no premiums will be waived, for any portion of any period of Disability, nor for any other loss covered by this Policy, that results, directly or indirectly, from, any Injury which occurs while the Insured Person:

1) is traveling or flying in (including the descent from) any kind of aircraft, other than as a fare paying passenger in a certified passenger aircraft provided by a commercial airline on a regular scheduled or non-scheduled special or chartered flight, operated by a properly certified pilot, flying between duly established and maintained commercial airports;
2) participates, in any type of professional athletics activity, or professional underwater activities, including scuba diving;
3) engages in any of the following activities: mountaineering, rock climbing, caving, parachuting, sky diving, hang gliding, bungee jumping, racing (for example, but not limited to automobile, motorcycle, or horse) or racing of any water device (e.g. seadoo);
4) is operating a Vehicle while under the influence of any drugs (other than as prescribed and taken in accordance with the instructions of a physician), or while his or her blood alcohol level is greater than 80 milligrams per 100 milliliters of blood (0.08);
5) is incarcerated.

II. Benefits are not payable or provided under this Policy, and no premiums will be waived, for any portion of any period of Disability, nor for any other loss covered under this Policy, that results, directly or indirectly, from:

6) the Insured Person's intentionally self-inflicted harm, or attempted suicide, including inhaling gas or absorbing fumes, whether the Insured Person is sane or insane;
7) the Insured Person's committing or attempting to commit a criminal offence, under the laws in the jurisdiction where the offence took place;
8) the use of any drug, poisonous substance, intoxicant or narcotic, other than as prescribed by and taken in accordance with the instruction of a Physician;
9) engaging in an illegal occupation, a riot or insurrection or any form of public disturbance or an act of declared or undeclared war;
10) normal pregnancy and childbirth; however, Disability due to complications of pregnancy that are life threatening to the mother or fetus will be covered for the term the complications alone directly cause Disability or loss to the mother. These complications include but are not limited to Toxemia, Pernicious vomiting, Postpartum hemorrhage, and Extra-uterine pregnancy;
11) any type of opportunistic infection or sickness if the Insured Person had Acquired Immune Deficiency Syndrome (AIDS) and/or has tested positive for Human Immunodeficiency Virus (HIV or any subtypes) or had symptoms of the above which were diagnosed or Manifested themselves prior to the applicable Effective Date;
12) Subjective Conditions: including, but not limited to, chronic fatigue syndrome, chronic pain syndrome, fibromyalgia, Epstein Barr syndrome or any other subjective syndrome or condition;
13) Mental Disorders and Substance Use Disorders: any psychiatric, psychological or emotional disorder including but not limited to, depression, anxiety, stress, burnout, or any Mental Disorder or Substance Use Disorder. Such disorders include psychotic, emotional or behavioral disorders and disorders related to substance abuse or dependency;
14) The Insured Person's service in the armed forces, the reserves, or any other military organization.

Exclusions for Named Exclusions

No benefits will be payable or provided under this Policy, and no premiums will be waived, for any portion of any period of Disability, nor for any other loss covered by this Policy, which result, directly or indirectly, from conditions the Company has excluded by name or specific description in an endorsement or amendment to this Policy.

Incarceration

No Elimination Period will start or continue, no benefits will be payable, and no premiums will be waived, for any portion of any period of Disability during which the Insured Person is incarcerated.

TERRITORIAL EXCLUSIONS AND LIMITATIONS

1) Illnesses and Injuries which are Not Covered
   No benefits will be payable, and no premiums will be waived, for any Disability or other loss under this Policy that results, directly or indirectly, from an Injury that occurs, or an Illness which commences, while the Insured Person has been traveling or residing for more than 60 days outside of Canada, the United States of America, the United Kingdom or Australia.
2) Suspension of Benefits and Premium Waiver
   No benefits will be payable, and no premiums will be waived, for any portion of any period of Disability during which the Insured Person travels or resides outside of Canada, the United States of America, the United Kingdom or Australia.

BENEFIT LIMITATIONS

Back and Neck Injuries

Benefits for back and neck injuries will be considered for payment only where substantiated by diagnostic medical tests. Benefits for Soft Tissue Injuries of the back, neck and surrounding tissues will be limited as described in the Soft Tissue Injuries Limitation below.

Degenerative Disc Disease

Degenerative Disc Disease is deemed to be a disease or sickness and is subject to the Illness Elimination Period, as shown on the Schedule of Benefits or in any endorsement or amendment to this Policy. Benefits for any period of Disability that results, directly or indirectly, from degenerative disc disease will be limited to 20 days per period of Disability up to a Policy lifetime maximum of 120 days.

Soft Tissue Injuries

If any portion of any period of Disability results, directly or indirectly, from a Soft Tissue Injury, benefits will be limited as follows:

1) If the Insured Person's Occupational Class as shown on the Schedule of Benefits is Class "BB", benefits are limited to 20 days for each period of Disability.
2) If the Insured Person's Occupational Class as shown on the Schedule of Benefits is Class "B", benefits are limited to 40 days for each period of Disability.
3) If an Insured Person's Occupation Class as shown on the Schedule of Benefits is Class "A", benefits are limited to 60 days for each period of Disability.

When the Insured Person has received payments for a total of 180 days for all such periods of Disability, no further benefits will be payable for any other periods of Disability resulting, directly or indirectly, from Soft Tissue Injuries.

If the Insured Person's Occupational Class as shown on the Schedule of Benefits is "Executive" or Class "AA", benefits due to Soft Tissue Injuries are not limited for each period of Disability. However, when the Insured Person has received payments for a cumulative total of 36 months for all such periods of Disabilities, no further benefits will be payable for Soft Tissue Injuries.

Soft Tissue Injury Extension Option

This Soft Tissue Injury Extension Option amends the Soft Tissue Injury limitation applicable to the Insured Person. This option applies to the Insured Person only if the Insured Person has paid for this option and it is shown on the Schedule of Benefits. This option is not available with Non-Occupation Injury coverage and does not apply to Business Overhead Expense coverage. This option is only available if the occupation of the Insured Person is a truck driver.

The number of days of Loss of Income benefits that are payable for a Soft Tissue Injury are extended to 120 days if the Insured Person sustains the Soft Tissue Injury in an accident that occurs while the Insured Person is driving the truck that he uses for employment or self-employment. This extension does not apply to a Soft Tissue Injury sustained in an accident in any other motor vehicle.

This option does not change any other provision of the Soft Tissue Injuries limitation.

Unemployment / Minimal Work

If the Insured Person sustains an Injury or first Manifests an Illness during any period that the Insured Person has been Unemployed for more than 60 days, Regular Occupation shall be deemed to mean Reasonable Occupation.

If the Insured Person becomes Disabled due to Illness during any period that the Insured Person has been Unemployed for more than 60 days, the Maximum Benefit Period for Total Disability will be 60 months.

Leave of Absence
If the Insured Person sustains an Injury or first Manifests an Illness while on a Leave of Absence, Regular Occupation shall be deemed to mean Reasonable Occupation until the scheduled return to work date. Thereafter, Regular Occupation shall be deemed to mean the occupation that the Insured Person was actively involved in for compensation just prior to the Insured Person's Leave of Absence. However, Regular Occupation shall continue to mean Reasonable Occupation if the Leave of Absence was not established and documented before the Insured Person sustained such Injury or first Manifested such Illness.

Integration Of Benefits Provision
If in any month during a period of compensable Disability, the Insured Person receives funds from any of the following sources,

1) Disability benefits from the Workers' Compensation Act or similar legislation;
2) Disability benefits from an automobile accident insurance plan;
3) Disability benefits or retirement benefits from the Canada Pension Plan (Primary only) or Quebec Pension Plan (Primary only);
4) Disability benefits from the Employment Insurance Plan or similar legislation;
5) Disability benefits from other insurance plans including other individual, group and mortgage creditor plans; or
6) Employer salary continuance or severance allowance applicable to the month of Disability (lump sums are applied on a pro-rata basis over the applicable period covered);

then the Insured Person's Qualifying Insurable Monthly Earnings will be reduced by the aggregate value of such funds in that month.

SECTION 7 GENERAL, TERMINATION & PREMIUM PROVISIONS

THIRTY DAY RIGHT TO EXAMINE POLICY
Within 30 days after receipt by the Owner, this Policy may be returned to the Administrator's Head Office or to the agent from whom it was bought. We will cancel this Policy from the Effective Date and any premium paid will be returned in full, provided no claims have been incurred during that period.

GENERAL PROVISIONS

Owner The Owner is the individual named in the Schedule of Benefits. All rights and privileges under this Policy belong to the Owner, including the right to receive payment of any benefits, unless otherwise expressly stated in this Policy.

Changes Changes to this Policy may be requested in writing by the Owner and submitted to the Administrator for consideration. Any such change may be subject to payment of a service fee as well as the submission of other requirements, which the Company may deem necessary for the approval of such a change.

Proof of Claim To make or continue a claim for benefits under this policy, the Insured person will have to provide proof of claim by:

1) fully completing claim forms requested by Us;
2) providing information We request which may be relevant to the claim (including the Insured Person's health, income and activities) and cooperating in the release of information from others that may be relevant to the claim, (including the Insured Person's present or past health care providers) ;
3) if We request it, being interviewed by a representative of the Company, by telephone or in person; and,
4) if We request it, participating in examinations, assessments or interviews by health care or other professionals of Our choosing.

During a claim, We can ask the Insured Person for further proof, in the manner described above, that the claim remains payable. If We do, the Insured Person must provide the requested information or documentation within 30 days (except that if what We request cannot be provided within 30 days of Our

request, it must be provided as soon as reasonably possible). If such continuing proof is not provided within the time required, any further benefits in respect of the claim will be forfeit.

These obligations regarding proof of claim are specifically intended to continue even if there has been a breach of the terms of this Policy.

Incontestability The statements made in the application, in any subsequent application, or in any application for reinstatement, except for fraudulent misstatements and statements erroneous as to Age or Sex, shall be incontestable after this Policy has been in effect for two years from the applicable Effective Date, or the effective date of an endorsement or amendment to this Policy, or from the effective date of the latest reinstatement.

Policy Years and Anniversaries Policy Years and Policy Anniversaries shall be computed from the applicable Effective Date.

Currency Amounts payable under this Policy, either to or by the Company, shall be payable in the lawful currency of Canada in Canada.

Age In this Policy when We refer to the Insured Person's age on any date, We mean the age on their last birthday.

Misstatement of Age or Sex If the Insured Person's date of birth or Sex has been misstated in the application for coverage under this Policy, all benefits payable under this Policy will be those that the premiums paid would have purchased at the correct Age or Sex but shall not exceed the Company's issue or qualifying limits in effect at that time. If, because of the misstatement, the Company accepts a premium for a period or periods beyond the date coverage would have ceased according to the correct Age or Sex, or if at the correct Age or Sex the coverage would not have become effective, the Company's liability will be limited to the refund of all premiums paid for the period during which coverage would not have been in effect. In no event will any adjustment under this provision cause the amount of any benefit to increase over the amount shown on the Schedule of Benefits.

Non-participating This Policy does not participate in the Company's profits or surplus.

Conformity with Law This Policy is subject to all applicable laws of Canada or any of its provinces or territories.

TERMINATION PROVISIONS

Termination by Owner The Owner may terminate this Policy by giving advance written notice of termination to the Administrator by registered mail to its Head Office or chief agency in the Province, or by delivery thereof to an authorized agent of the Company in the Province. Upon receipt of such written notice, the coverage provided by this Policy will continue until the next monthly premium due date and then terminate.

Termination of Coverage An Insured Person's coverage under this Policy terminates on the earliest of the following dates:

1) the monthly premium due date next following the date the Administrator receives written notice from the Owner to terminate this Policy;
2) the date the Grace Period expires;
3) the date of the Insured Person's death; or
4) the Insured Person's 75th birthday for Injury Coverage; or
5) the Insured Person's 70th birthday for Illness Coverage.

PREMIUM PROVISIONS

Premiums Payable The Premium shown on the Schedule of Benefits, or on any subsequent endorsements or amendments to this Policy, is payable to the Administrator, during the life of this Policy. The first premium is due and payable on the applicable Effective Date and thereafter, as shown on the Schedule of Benefits. If any cheque or other instrument given for payment is not honored, the premium will be considered unpaid.

Premiums continue to be payable while benefits for the Insured Person are being paid under this Policy unless and until We have notified the Owner that We have approved a waiver under a Waiver of Premium Benefit.

Change in Premium The Company reserves the right to change the premium from time to time for policies, including this one, in any Class Grouping.

The Company will not change the premium during the first 12 months from the date any coverage under this Policy first became effective and thereafter, no more than once during any 12 month period.

If the Company finds it necessary to change the premium on a Class Grouping, it will give at least 31 days prior written notice to the Owner at the most recent address as shown on the Administrator's records. The written notice will state the new premium amount and the effective date of the change.

Premium Mode Premiums are payable monthly unless prior approval is obtained in writing from The Company.

Additional Fees The Administrator may charge the Owner a fee for service for any payment transaction, which is denied for reason of non-sufficient funds (NSF) in accordance with its then current fee schedule. The Administrator will notify the Owner of the fee and its due date. Failure to pay the fees as requested will be deemed to be a non-payment of premium.

Grace Period Thirty-one days of grace will be allowed for payment of each overdue premium after the first premium during which time this Policy will continue in effect. If any premium or any Additional Fees are wholly or partially unpaid at the end of the Grace Period, this Policy will then lapse. There will be no Grace Period if the Owner has already given the Administrator notice to terminate this Policy. If a period of Disability starts during the Grace Period, the overdue premium must be paid before the Company will approve any claim.

Reinstatement If this Policy lapses because the premium is not paid when due or within the Grace Period, but We receive payment in full within 60 days from the date that the premium was due, this Policy will be reinstated without evidence of the Insured Person's insurability. This does not apply if We have received notice of termination of this Policy from the Owner.

If We receive payment of the premium more than 60 days but less than 180 days after the date the premium was due, this Policy will be reinstated if:

1) evidence of the Insured Person's insurability is submitted as required; and
2) the application for reinstatement is approved

The reinstated Policy will cover Disability or loss that results from an Injury sustained after the date of reinstatement or if an Illness benefit is purchased, for an Illness, which starts more than 10 days after such date. In all other respects, the rights of the Owner, the Company and the Administrator will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

In no event will We reinstate this policy more than 180 days after the date the premium was due.

Waiver of Premium Benefit After the Insured Person has been Totally Disabled for 30 continuous days and benefits have become payable, premiums for Loss of Income, Business Overhead Expense and Soft Tissue Injury Extension falling due thereafter while the Insured Person is Totally Disabled will be waived until the earliest of:

1) the date the Insured Person ceases to be Totally Disabled;
2) the end of the Maximum Benefit Period for which Total Disability Benefits are payable;
3) the Insured Person's 75th birthday for Injury Coverage; or
4) the Insured Person's 70th birthday for Illness Coverage;
5) the last day of the Benefit Period as shown on the Schedule of Benefits or in any endorsement or amendment to this Policy.

Premiums must be paid when due, until The Company specifically approves a claim for waiver of premium under this Policy.

SECTION 8 STATUTORY CONDITIONS

It is a legal requirement that these conditions be reproduced in this Policy in the following form. In these statutory conditions loss means a benefit for which a claim is made under this Policy.

The Contract The application, this Policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this Policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver The Company shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by the Company.

Copy of Application The Company shall upon request furnish to the Insured Person or to a claimant under this contract a copy of the application.

Material Facts No statement made by the insured or a person insured at the time of application for the contract may be used in defense of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

(1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
   (a) give written notice of claim to the Company:
      (i) by delivery of the notice, or by sending it by registered mail, to the head office or chief agency of the Company in the province, or
      (ii) by delivery of the notice to an authorized agent of the Company in the province, not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability,
   (b) within 90 days after the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the Company such proof as is reasonably possible in the circumstances of:
      (i) the happening of the accident or the start of the sickness or disability,
      (ii) the loss caused by the accident, sickness or disability,
      (iii) the right of the claimant to receive payment,
      (iv) the claimant's age, and
      (v) if relevant, the beneficiary's age; and
   (c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim is made under the contract and, in the case of sickness or disability, its duration.

(2) Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
   (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or (b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim The Company must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination As a condition precedent to recovery of insurance monies under the contract:

1) the claimant must give the Company an opportunity to examine the person of the Insured Person when and as often as it reasonably requires while the claim hereunder is pending; and
2) in the case of death of the Insured Person, the Company may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Loss of Time Benefits Payable The initial benefits for loss of time shall be paid by the Company within 30 days after receiving proof of claim. Payment shall be made thereafter in accordance with the terms of the contract but not less frequently than once in each succeeding 60 days while the Company remains liable for the payments, providing the Insured Person when required to do so, furnishes proof of continuing Disability.

When Monies Payable Other Than For Loss of Time All monies payable under this contract other than benefits for loss of time, shall be paid by the Company within 60 days after it has received proof of claim.

Limitation of Actions: Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable provincial legislation, or within the time set out below, whichever period is longer.

Any action or proceeding against Us for the recovery of insurance money under this contract shall not be commenced more than two years after the date the insurance money became payable (three years in Quebec) or would have become payable if it had been a valid claim.

– END OF POLICY –

PRIVACY STATEMENT (Co-operators Life Insurance Company)

COLLECTION AND USE OF PERSONAL INFORMATION

Collecting your personal information

We, Co-operators Life Insurance Company, may from time to time collect information about you such as:

1) information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
2) information related to or arising from your relationship with and through us;
3) information you provide through the application and claim process for any of our insurance products and services; and
4) information for the provision of products and services.

We may collect information from you, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, MIB INC, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your employer.

Using your personal information

This information may be used from time to time for the following purposes:

1) to verify your identity and investigate your personal background;
2) to issue and maintain insurance products and services you may request;
3) to evaluate insurance risk and manage claims;
4) to better understand your insurance situation;
5) to determine your eligibility for insurance products and services we offer;
6) to help us better understand the current and future needs of our clients;
7) to communicate to you any benefit, feature and other information about products and services you have with us;
8) to help us better manage our business and your relationship with us; and
9) as required or permitted by law

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB Inc. and financial institutions.

We may also use this information and share it with the Co-operators group of companies † ("The Co-operators

Group") (i) to manage our risks and operations and those of Co-operators Life Insurance company, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let The Co-operators Group know your choices under "Other uses of your personal information" for the sole purpose of honouring your choices.

You may choose not to have this information shared or used for any of these "Other uses" by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will never use or share your health information for these purposes. We will respect your choices and, as mentioned above, we may share your choices with The Co-operators Group for the sole purpose of honouring your choices regarding "Other uses of your personal information".

If we have your social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.

Other uses of your personal information
Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than Co-operators Life Insurance Company.

1) We may, where not prohibited by law, use this information to promote our products and services which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. Consent to the use of any information to offer you products or services is optional, and if you do not wish to receive such information, you may call or write to Co-operators Life Insurance Company at the telephone number or address shown below.
2) We may also, where not prohibited by law, share this information with The Co-operators Group for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and The Co-operators Group may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.
3) If you also deal with The Co-operators Group, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage our relationship with you.

Your right to access your personal information
You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in "Other uses of your personal information", please contact your Co-operators representative directly, or you may contact our Privacy Office at:

Privacy Officer, Co-operators Life Insurance Company
1920 College Avenue Regina, SK S4P 1C4
E: privacy@cooperators.ca **T: 1-888-887-7773**

Our privacy policies
You may obtain more information about our privacy policies by asking for a copy of brochure about privacy, by calling us at the toll-free number shown above or by visiting our web site at www.cooperators.ca

†The Co-operators is a group of Canadian companies which includes:
> Co-operators General Insurance Company
> Co-operators Life Insurance Company
> COSECO Insurance Company
> CUMIS General Insurance Company
> CUMIS Life Insurance Company
> Federated Agencies Limited
> HB Group Insurance Management Ltd.
> TIC Travel Insurance Coordinators Ltd.

HOW TO MAKE A COMPLAINT (Co-operators Life Insurance Company)

We value your opinion

We all stand to gain from open communication. Whether it's used to answer a question, solve a problem or share a success, communication is the key. While we welcome all positive comments you may have, it is equally important for us to know when you have a problem so that we can resolve it and retain your confidence. At the same time, we use your feedback to continually improve the quality of products and services we provide to you and other clients.

If you have a complaint or encounter a problem

We want to handle your complaint in the most efficient and professional manner possible. Here's a quick and easy step-by-step reference to ensure your concern receives the attention it deserves.

Step 1: Start at the source
If a problem occurs, it is generally easier to check the facts and come to a resolution at the point where the problem originated.

Start by contacting The Edge Benefits Inc. toll-free at 1-800-908-9917.

Save yourself valuable time by collecting all the relevant information before you make your initial contact:

- Assemble all supporting documents concerning your complaint, paying special attention to date(s).
- Obtain the names of any employees that were involved.
- Clarify the circumstances in your own mind and determine what you would like us to do.

Step 2: Escalate the concern
If you are not satisfied with the outcome of Step 1, we encourage you to escalate your concern by contacting Co-operators Life Insurance Company. Depending on your product or service, you may be referred to a manager or an appeals process to ensure your concern is reviewed.

By Mail:
Co-operators Life Insurance Company
1920 College Avenue Regina, SK S4T 1C4
E: phs_individual_life@cooperators.ca T: 1-800-454-8061

Step 3: Contact the Ombuds Office
If you are not satisfied with the outcomes of the previous steps, you may request additional consideration of your concern in writing to the Ombuds Office. Please note the Ombuds Office will only review concerns that have gone through the appropriate steps above so you will want to indicate who you have already spoken with.

By Mail:
Ombuds Office, The Co-operators Group Limited
130 Macdonell Street, Box 3608 Guelph, ON N1H 6P8
E: ombuds@cooperators.ca T: 1-877-720-6733 F: 1-519-823-9944

Business overhead expense insurance (due to disability) and loss of income insurance (including coverage for accident medical treatment up to $10,000) is underwritten by Co-operators Life Insurance Company and administered by The Edge Benefits Inc.

the co-operators®
A Better Place For You®

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Chubb Life Insurance Company of Canada (herein called "The Company") having issued Master Policy No. AB10381701 to THE EDGE BENEFITS Inc. (herein called the "Administrator") agrees to provide insurance coverage and pay benefits as described in this policy booklet for loss resulting from Injury to the extent herein provided and subject to all of the exclusions, limitations and provisions of the Policy for the Insured Applicant stated in the Schedule of Benefits from whom the appropriate premium has been received.

Coverage for the Insured Applicant's Spouse and Dependent Children applicable ONLY where Family Coverage is indicated on the Schedule of Benefits issued by the Administrator

DEFINITIONS

"Injury" means bodily Injury 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 the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

"Dependent Child" means a person who is either the natural child (legitimate or illegitimate) of the Insured Applicant, or adopted child of the Insured Applicant, or step-child of the Insured Applicant, or an infant to which the Insured Applicant is "in loco parentis", and who is:(a) under 23 years of age, unmarried and dependent upon the Insured Applicant for maintenance and support and who is not engaged in gainful employment more than 25 hours per week at the time of Loss; (b) under 26 years of age and unmarried and in attendance at an Institution of Higher Learning and dependent upon the Insured Applicant for maintenance and support and who is not engaged in gainful employment more than 25 hours per week at the time of Loss; or (c) by reason of mental or physical infirmity, incapable of self-sustaining employment and who is considered a Dependent Child of the Insured Applicant within the terms of the Income Tax Act (Canada).

"Insured Applicant" means the individual insured named on the Schedule of Benefits issued by the Administrator, who has submitted application for insurance for which premium has been received.

"Insured Person" means the Insured Applicant, Insured Spouse or Insured Dependent Children.

"Member of the Immediate Family" means a person at least 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 relationships), Spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Physician" means a medical doctor (M.D.) licensed and practicing in Canada and acting within the scope of his or her license and who is not (1) the Insured Person; (2) a member of the Insured Person's Immediate Family; or (3) retained by the Administrator.

"Principal Sum" means the amount of insurance for which the Insured Person is covered, as shown in the Schedule of Benefits issued by and on file with the Administrator.

Principal Sum amounts for Insured Spouse and Insured Dependent Children are as follows:

Insured Spouse: 50% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits, or if Insured Applicant does not have any eligible Dependent Children 60% of the Insured

Applicant's Principal Sum amount shown in the Schedule of Benefits.

Insured Dependent Children: 15% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits, or, if Insured Applicant does not have a Spouse 20% of the Insured Applicant's Principal Sum amount shown in the Schedule of Benefits.

In no event shall any individual be insured for an amount in excess of $300,000, either through a single policy or a combination of coverage through multiple AD&D policies issued by ACE INA Life Insurance.

"Spouse" means a person who is under the age of 70 and who is either: (a) legally married to the Insured Applicant, or if there is no such person; (b) a person who, although not legally married to the Insured Applicant, is cohabitating with the Insured Applicant for a period of at least one year and is publicly represented as the Insured Applicant's domestic partner in the community in which they reside.

DESCRIPTION OF HAZARDS

The Company will pay the benefits described in this policy for any accident which happens while an Insured Person is covered by this policy.

BENEFIT PROVISIONS AND LOSS SCHEDULE

Accidental Death & Dismemberment Benefit

If such injuries shall result in any one of the following specific losses within one year from the date of accident, the Company will pay the benefit specified as applicable thereto, based upon the Principal Sum stated in Schedule of Benefits; provided, however, that not more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one accident.

Loss of Life ..... The Principal Sum

Loss of Both Hands or Both Feet ..... The Principal Sum

Loss of Use 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 Use of One Hand and One Foot ..... The Principal Sum

Loss of One Hand and Entire Sight of One Eye ..... The Principal Sum

Loss of One Foot and Entire Sight of One Eye ..... The Principal Sum

Loss of Speech and Hearing in Both Ears ..... The Principal Sum

Quadriplegia ..... The Principal Sum

Paraplegia ..... The Principal Sum

Hemiplegia ..... The Principal Sum

Loss of One Arm or One Leg ..... Three-Quarters of The Principal Sum

Loss of Use of One Arm or One Leg ..... Three-Quarters of The Principal Sum

Loss of One Hand or One Foot ..... Three-Quarters of The Principal Sum

Loss of Entire Sight of One Eye ..... Three-Quarters of The Principal Sum

Loss of Speech or Hearing in Both Ears ..... Two-Thirds of The Principal Sum

Loss of Thumb and Index Finger of One Hand..... One-Third of The Principal Sum

Loss of Use of Thumb and Index Finger of One Hand..... One-Third of The Principal Sum

Loss of Four Fingers of Either Hand..... One-Third of The Principal Sum

Loss of Use of Four Fingers of Either Hand..... One-Third of The Principal Sum

Loss of Hearing in One Ear..... One-Third of The Principal Sum

Loss of All Toes of One Foot ..... One-Quarter of The Principal Sum

Loss of Use of All Toes of One Foot ..... One-Quarter of The Principal Sum

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to “Loss of Thumb and Index finger of One Hand” or “Loss of Four Fingers of One Hand”, the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard Loss of All Toes of One Foot, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for 180 consecutive days and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, leg, thumb, fingers and toes provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the benefits afforded an Insured Person.

If the body of an Insured Person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the accident, it shall be presumed, subject to all other conditions of the policy, that the Insured Person suffered loss of life resulting from bodily injuries sustained in the accident and covered under this policy.

ADDITIONAL BENEFITS

Repatriation Benefit

When injuries covered by this policy result in loss of life of an Insured Person outside 50 km from their city of permanent residence or outside Canada and within 365 days from the date of the accident, the Company will pay the actual expense incurred for preparing the deceased for burial and shipment and transportation to first resting place in proximity of place of residence of the deceased, but not to exceed the maximum amount of $10,000.

Rehabilitation Benefit

When injuries shall result in a payment being made by the Company under any benefit excluding the Loss of Life benefit provided by the policy, the Company will pay in addition: the reasonable and necessary expenses actually incurred up to the maximum amount of $10,000 for special training of the Insured Applicant, provided:

a) such training is required because of such injuries and in order for the Insured Applicant to be qualified to engage in an occupation in which he/she would not have been engaged except for such injuries;
b) expenses be incurred within two years from the date of the accident;
c) no payment will be made for ordinary living, traveling or clothing expenses.

Spousal Occupational Training Benefit

When injuries to the Insured Applicant shall result in a payment being made by the Company under the Loss of Life benefit section of this policy, the Company will pay in addition:

the expense actually incurred, within 3 years from the date of the accident, by the spouse of the Insured Applicant for a formal occupational training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the spouse would otherwise not have sufficient qualifications. The maximum payable hereunder shall not exceed $10,000.

Home Alteration and Vehicle Modification Benefit

In the event an Insured Person sustains an injury which results in a payment being made under the Accidental Death & Dismemberment **c**overage of this policy, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within 365 days

from the date of the accident for:

1. the one-time cost of alterations to the Insured Person's principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by the Insured Person to make the vehicle accessible or operable for the Insured Person.

Benefit payments herein will not be paid unless:

i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and

ii) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items 1 and 2 combined will not exceed $10,000.

Day Care Benefit

If an Insured Person suffers loss of life in a covered accident while the policy is in force as to such Insured Person, the Company will pay, in addition to all other benefits payable under the policy, a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of the Insured Person's Principal Sum amount or a maximum of $5,000 per year, on behalf of any dependent child of the Insured Person who is enrolled in a legally licensed Day Care centre on the date of the accident or who enrolls in a legally licensed Day Care centre within 365 days following the date of the accident.

The "Day Care Benefit" will be paid each year for four (4) consecutive years, but only upon receipt of satisfactory proof that the child is enrolled in a legally licensed Day Care centre.

Special Education Benefit

If an Insured Person suffers loss of life in a covered accident while the policy is in force as to such Insured Person, the Company will pay, in addition to all other benefits payable under the policy, a "special education benefit", of 5% of the Insured Person's Principal Sum up to a maximum of $5,000 per year, on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The "special education benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

Seat Belt Benefit

In the event an Insured Person sustains an injury which results in a payment being made under the Accidental Death & Dismemberment Coverage of this policy, the Insured Person's amount of Principal Sum will be increased by ten percent (10%), to the maximum of $50,000 if, at the time of the accident, the Insured Person was driving or riding in a Vehicle and wearing a properly fastened Seat Belt.

Due proof of Seat Belt use must be provided as part of the written proof of Loss.

"Vehicle" means a private passenger car, station wagon, van, or jeep-type automobile.

"Seat Belt" means those belts that form a restraint system.

Accidental Medical Reimbursement Benefit

(up to a Maximum of $100,000 in excess of $10,000 as per the chart below:)

AD&D Amount	Accident Medical Reimbursement Benefit (when Loss of Income is in force)*
$50,000	$10,000*
$100,000	$20,000*
$200,000	$40,000*
$300,000	$100,000*

*Requires ownership of a Loss of Income plan which pays an additional $10,000 before these amounts.

Coverage under this Benefit is for the Insured Applicant ONLY and contingent on an EDGE Loss of Income Plan also being in force on the date of the accident.

If Injury requires medical treatment, within 3 years of the date of the accident, the Company will pay for reasonable and customary expenses actually incurred for the following, provided such treatment is rendered within Canada:

a) Hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge if recommended by a Physician subject to a maximum duration of 12 months, and $10,000, per accident;
b) Expenses for the services of a licensed graduate nurse, when recommended by a Physician, subject to a maximum of $15,000, per accident;
c) Charges of prescription drugs, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, subject to a dispensing maximum of a 30 day supply and $10,000. per accident;
d) Transportation by a licensed ambulance service for hire to or from the nearest hospital which is equipped to provide the required treatment subject to a maximum of $5,000, per accident.
e) Fees for the services of any of the following licensed practitioners, subject to a maximum reimbursement of $30.00 per treatment and an overall maximum of $5,000 per practitioner, per accident; chiropractor, osteopath, chiropodist or podiatrist, speech therapist, licensed psychologist, physiotherapist, licensed masseur, on the recommendation of a Physician.
f) Expenses for diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath, chiropodist or podiatrist will be allowed as expenses under the services of such practitioners, subject to a maximum of 1 x-ray per practitioner for each insured Applicant to a maximum of $50.00 per accident.

Accident Dental Reimbursement Benefit

If due to a force of blow external to the mouth results in an Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and treatment is require within 60 days, the Company will pay the treatment expenses actually incurred up to $10,000.

Deductible Amount – the earlier of 365 days or maximum $10,000.
Applicable to all benefits payable under the Accidental Medical Reimbursement Benefit/Accidental Dental Reimbursement Benefit per Insured Applicant per policy year, where there is duplication of covered expenses under Accident Medical Treatment Benefit of The EDGE Loss of Income Plan. All reimbursement of insured expenses commences following satisfaction of the deductible amount or benefit maximum period (365 days).

Waiver of Premium
If an Insured Applicant is:

a) under age 65, is totally disabled while this policy is in force; and
b) is insured with EDGE Disability Insurance; and
c) has been approved for disability benefit payments

the Company will then waive the payment of each premium which falls due with respect to the Insured Applicant, Subject to all the terms and conditions of the policy, except with respect to non-payment of premium or the termination of the Master Policy.

Waiver of any premium as herein provided will continue with respect to the Insured Applicant until age 65. If the Insured Person ceases to be disabled and he/she returns to work and is a member of an eligible class, insurance with respect to the Insured Applicant may be continued upon resumption of premium payments by the Insured Applicant.

"Total Disability" as used herein shall mean disability resulting from accident or sickness which:

1. prevents engagement in any business or occupation and performance in any work for compensation or profit; and
2. has existed continuously for a period of at least twelve (12) months or is in accordance with the waiver of premium requirements under the Insured Person's EDGE Disability Insurance.

EXCLUSIONS

This policy does not cover loss caused by or resulting from any one or more of the following:

A. Intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
B. For sickness or disease either as a cause or effect;
C. Participating in the commission or attempted commission of a criminal of felonious act;
D. Expenses incurred by an insured person who is not covered under any Federal or Provincial Hospital Plan;
E. Injury or loss sustained while the Insured Person is under the influence of alcohol and operating any Vehicle while his or her blood alcohol is over eighty (80) milligrams in one hundred millilitres of blood;
F. Experimental medical treatments;
G. For the purchase, repair or replacement of eyeglasses or contact lenses or prescriptions thereof;
H. Experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada of patent medicines;
I. Injury or Loss sustained while the Insured Person is under the influence of a controlled substance as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of an in strict accordance with the

instructions of a duly licensed Physician;

J. Expenses covered under any governmental health insurance plan in the insured's province of residence;
K. Declared or undeclared war or any act thereof;
L. Accident occurring while the Insured Person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the Company pro-rata for any such period of full-time active duty);
M. Such insurance includes such injury while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any aircraft and exclude while flying in any aircraft owned or operated by the Policyholder.

With respect to air travel, the insurance afforded shall apply to loss caused by or resulting from travel or flight in any aircraft, or any other device for aerial navigation, including boarding or alighting therefrom, except:

a) while being used for any test or experimental purpose; or
b) while the Insured Person is operating, learning to operate or serving as a member of the crew thereof; or
c) while being operated by or for or under the direction of any military authority, other than transport type aircraft operated by the Canadian Armed Forces Air Transport Command or the similar air transport service of any other country; or
d) any such aircraft or device which is owned or leased by or on behalf of the Policyholder or any subsidiary or affiliate of such Policyholder, or by an Insured Person or any member of his/her household; or
e) while being used for fire fighting, pipeline inspection, power line inspection, aerial photography or exploration.

GENERAL PROVISIONS

Grace Period

A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which grace period this policy shall continue in force, but the Insured shall be liable to the Company for the payment of the premium accruing for the period the policy continues in force.

Government Hospital Plans

No payment shall be made for services rendered by a hospital, except for reimbursement of charges which are in excess of benefits payable for hospital services under any government laws of Canada or any Province.

Currency

All monies payable under this contract shall be paid in Canadian dollars, unless otherwise stated.

Conformity with Provincial Statutes

Any provision of this policy or any condition of this policy which, on its effective date, is in

conflict with the statutes of the province in which the policy is delivered is hereby amended to conform to the minimum requirements of such province.

Beneficiary Designation

Indemnity payable in the event of the loss of life of an Insured Applicant is payable as designated in writing by the Insured Applicant and on file with the Administrator unless there is no such designation, the indemnity is payable to the estate of the Insured Applicant. All other Benefits payable, which include those payable to an Insured Spouse or Insured Dependent Children will be paid to the Insured Applicant.

ABOUT CHUBB LIFE INSURANCE COMPANY OF CANADA

This insurance coverage is underwritten by Chubb Life Insurance Company of Canada ("Chubb Life").

Chubb Life is part of the Chubb group of insurance companies, with operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients.

Chubb Limited, the parent company of Chubb Life, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.

CHUBB®

All terms of coverage are governed by the provisions of the master contracts issued to THE EDGE BENEFITS Inc.

ABOUT THE EDGE BENEFITS INC.

We exist to safeguard the lifestyle of our clients – simply.

The Edge Benefits has been incorporated since 1985, we have grown to be the largest independent provider of lifestyle protection plans in Canada.

We identify the ever growing lifestyle protection needs and challenges faced by our customers and work with key quality insurance partners to continually design solutions that safeguard lifestyle.

We distribute our plans across Canada through a network of advisors who are trained by The Edge Benefits to provide advice and recommend the steps required to safeguard YOUR lifestyle.

We believe the combination of Edge products provide a unique solution in safeguarding your lifestyle.

We are a full service company, we issue all policies, collect premiums and provide support when you need us most - in the event of a claim.

Claims Procedures
Before paying any benefits, claim forms must be completed and sent to the Insurer. Please call The Edge Claims Customer Care 1-800-908-9917, Ext. 401; Direct – 1-877-920-EDGE (3343) or email claimscustomercare@edgebenefits.com, to obtain the appropriate forms and for details on claims procedures.

Money Back Guarantee
Within 30 days after receipt by the Owner, this Policy may be returned to the Administrator's Head Office or to the agent from whom it was bought. We will cancel this Policy from the Effective Date and any premium paid will be returned in full, provided no claims have been incurred during that period.

PRIVACY STATEMENT (The Edge Benefits)

How We Collect Your Information
We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, MIB INC, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

How We Use Your Information
We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with others who work for The Edge Benefits, or with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, MIB INC, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business. If you have given us your social insurance number, we will use it for taxation purposes and to help identify you with Citizenship and Immigration Canada, when necessary.

For further information on the privacy policies and procedures of any of the Insurers that partner with The Edge Benefits Inc. or to access your information or to ask us to correct information, you can contact us at:

The Edge Benefits Inc.
1255 Nicholson Road, Newmarket, ON, L3Y 9C3
1-877-902-EDGE (3343)

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Fax: 1-866-273-5557

The Edge Plans are developed and administered by The Edge Benefits Inc.