



FIRM BENEFITS BOOKLET

Effective April 1, 2017

Who is CPA Insurance Plans West?

Since 1975, CPA Insurance Plans West has worked exclusively on behalf of CPA individuals and firms to provide the best value insurance and other benefit programs. Dealing exclusively with CPAs means that we can leverage the strength of our profession to offer unique programs and special pricing.

Our knowledge and dedication to our members over the years has seen our reputation and success grow. Today we are pleased to serve the almost 80,000 members in the four western provinces, Yukon, Northwest Territories, and Nunavut.

Quality coverage & service that you can rely on.

At CPA Insurance Plans West, we are proud to offer coverage and service that you will find best in class.

- ✓ Exclusive products for CPA firms, CPAs, firm employees and their families
- ✓ The lowest possible rates for all members
- ✓ Easy to understand and extensive insurance options
- ✓ Honest and transparent working practices keep you informed at every step
- ✓ Superior customer service and efficient online claims services
- ✓ Comprehensive coverage for all members
- ✓ Refunds for positive claims experiences to reduce premiums

Other coverage

In addition to the life and disability products contained in this booklet, CPA Insurance Plans West offers a number of other coverages to help protect you and your family.

- ✓ Home insurance
- ✓ Auto insurance (Alberta)
- ✓ Individual life, disability and accidental death and dismemberment for you, your spouse and dependents
- ✓ Individual health and travel (*coming soon*)

FIRM INSURANCE POLICY

Your group insurance benefits provided by CPA Insurance Plans West (CPAIPW) are an important part of your family's financial security. This booklet will help you understand your benefit package. Please refer to your certificate for the amounts of your personal coverage.

1. TERM LIFE INSURANCE

Benefits

The firm chooses a benefit level of 1, 2 or 3 times annual salary. The benefit is rounded to the next higher \$1,000.

The maximum amount of term life insurance is \$500,000 per individual. The minimum benefit is \$50,000 for CPAs.

Eligibility

Applicable to all eligible CPAs and employees.

Beneficiary

You may elect any person(s) or organization(s) as your beneficiary.

Termination

On April 1 coincident with or following your 66th birthday, term life benefits will reduce by 50%. The remaining insurance will terminate on the April 1 coincident with or following age 69.

Conversion

If your insurance terminates, CPAs or employees under the age of 65 may convert term life insurance to selected individual term plans by applying within 31 days of the termination date. Evidence of insurability is not required.

Premium Waiver for Disability

Premiums waived during disability. For those that have long term disability and office overhead, the waiver of premium must start at the same time as the LTD benefit.

Satisfactory proof of disability must be submitted within one year of the onset of disability.

Non Evidence Maximums by Firm Size

Firm size	Life Max	LTD Max
Less than 5 lives	Nil	Nil
5 to 9 lives	\$ 75,000	\$ 2,000
10 to 24 lives	\$ 125,000	\$ 3,000
25 to 49 lives	\$ 175,000	\$ 4,000
50 to 74 lives	\$ 250,000	\$ 5,000
75 to 99 lives	\$ 350,000	\$ 6,000
100 lives and up	\$ 350,000	\$ 7,500

2. DEPENDENT LIFE INSURANCE

The benefit is \$5,000 for a spouse and \$5,000 for each dependent child.

3. LONG TERM DISABILITY INSURANCE

Benefits

The firm chooses one of the following schedules for all eligible members and employees:

1. If benefit is taxable (premiums are fully or partly paid by the employer), 75% of the first \$11,668 of monthly earnings and 60% thereafter to a maximum benefit of \$10,000 per month.
2. If benefit is non-taxable (premiums are fully paid by the employee), 60% of the first \$11,668 of monthly earnings and 50% thereafter to a maximum benefit of \$10,000 per month.

The benefit is rounded to the nearest \$50.

If your total monthly earnings from all sources during disability exceed 100% of your net after tax monthly earnings prior to total disability, the benefit will be reduced by the amount of such excess.

Total monthly income from all sources will include:

- Any monthly income payable under the benefit.
- Any monthly earnings or payments from the employer or partnership (excluding return of capital and/or sale of ownership interest).
- Any disability benefits payable under the Canada/Quebec Pension Plan excluding benefits for dependents or any cost of living increase.
- Any disability benefits payable under any Workers Compensation Act or similar legislation, or any other government plan.
- Any disability benefits payable under any other association, group, or franchise insurance plans;
- Any income payable from a group retirement or pension plan.
- Damages for loss of income recovered from a third party arising out of the same circumstance that caused your disability.

Benefit Payments

Benefits are payable following total disability for the period selected:

- A 30 or 90 day waiting period for partners and proprietors who are CPAs and not eligible for employment insurance benefits. A partner who is not a CPA may be extended the same coverage; please contact CPAIPW.
- A 113 or 180 day waiting period for employees.

Benefits are payable until the earliest of recovery, age 65, or death. For disability occurring after age 63 but prior to age 69, benefits are payable for the earlier of 24 months or age 69. If you die while receiving benefits, a three-month lump sum payment will be made to your eligible survivor.

Cost of Living Adjustment

Each April 1st, if you have been receiving benefits, your monthly benefit will be adjusted for inflation using the Consumer Price Index, subject to a maximum increase of 2.5% per year. If the adjustment is less than 2.5%, the difference will be carried forward to add to the allowable percentage adjustment in subsequent years.

Recurrent Disability

If total disability from the same or related cause recurs within 6 months of return to full-time work, benefit payments will resume without the usual waiting period.

Definition of Disability

“Total disability” or “totally disabled” means that during the elimination period and during the remainder of the period for which benefits are payable, as a result of injury or sickness occurring while insured under the plan,

- For CPAs, the inability to perform the essential duties of your normal occupation, to age 69.
- For employees, the inability to perform the normal duties of your occupation during the first 24 months of total disability and thereafter, the complete inability to engage in any gainful occupation for which you are reasonably qualified by training, education or experience.

You will not be considered totally disabled during any period in which you are engaged in any other gainful occupation, or are not under the regular care of a licensed physician, surgeon or psychiatrist.

Partial Disability Benefit

Partial disability is only available for the first 24 months of a disability. Benefits for partial disability will equal the full insured benefit reduced by the ratio of earnings received while disabled to earnings prior to disability. Payments begin after the chosen waiting period has expired.

Partial Disability Definition

You will be considered partially disabled if, due to sickness or injury, you are only able to perform some of the normal duties of your regular occupation or you are engaged in and receiving earned income from any other gainful occupation, providing your earned income is reduced at least 20% from its pre-disability level as a result of the disability.

Premium Waiver for Disability

Premiums are waived as of the date approved for disability benefits.

Eligibility

Coverage is available to firms that have the Term Life Insurance.

Termination

Insurance under this section will automatically terminate at age 69. If you leave your employer or retire, the insurance terminates on the date you stop working.

Limitations and Exclusions

You must be under the care of a qualified physician and receiving appropriate treatment. No payment will be made for any period of disability resulting from self-inflicted injury or sickness, insurrection or war or active participation in a criminal offence.

Benefits will not be payable for disabilities directly or indirectly due to or resulting from an injury, disease, illness, pregnancy or mental disorder for which you visited or consulted a physician, took tests or received treatment within 90 days prior to the date on which you became insured under the CPAIPW plan. This exclusion will not apply to a disability commencing more than 12 months after you become insured.

4. MEMBER/EMPLOYEE FAMILY ASSISTANCE PLAN

The Member/Employee Family Assistance Plan (MEFAP) is a voluntary, confidential, short-term counseling, advisory and information service for you and your eligible family members.

The MEFAP provides professional assistance for a wide range of personal issues, including marital relationships, stress, depression, family matters, misuse of alcohol and drugs, bereavement, childcare/eldercare concerns, financial and legal concerns.

This confidential service is provided at no cost to you or your family. CPAIPW contracts with an independent and confidential provider. Morneau Shepell and pays for the services provided. If long term or specialized counseling is required, your counselor will assist you with a referral to a community resource. You would then be responsible for any fees that your extended Health care or provincial health insurance does not cover. If you need additional information, or wish to arrange an appointment, call 1-800-387-4765.

Eligibility

You must have long term disability insurance to receive this benefit.

5. ACCIDENTAL DEATH & DISMEMBERMENT

Benefits

The coverage is equivalent to that of your term life benefit.

Benefits Payable

The benefit is paid if you suffer any of the losses described in the following schedule. If the benefit is paid as a result of death, it is paid to the designated beneficiary. In the event of loss by dismemberment or loss of use, the benefit is paid to you. When injury results in any of the following losses within 365 days after the date of the accident, the insurer will pay for:

Accidental Loss and Loss of use of Schedule	% of Principal Sum
Life	100%
Both Arms or Both Legs or Feet or Sight of Both Eyes	100%
One Hand or Foot and Sight of One Eye	100%
One Hand and One Foot	100%
Speech and Hearing	100%
Quadriplegia, Paraplegia, Hemiplegia	200%
One Arm or Hand or Leg or Foot	80%
Entire Sight of One Eye	75%
Speech or Hearing in Both Ears	75%
Thumb and Index Finger of One Hand	40%
Four Fingers of Either Hand or Hearing in One Ear	40%
All Toes of One Foot	33.3%
Critical Illness*	10%

These benefits are payable if you are diagnosed before age 65 with one of the following diseases at least 90 days after this insurance becomes effective and become totally disabled for a period of nine months. Total disability is defined as the inability to perform any occupation. Benefits are limited to the first covered critical disease in a person's lifetime: Poliomyelitis, Parkinson's disease, Huntington's chorea, Multiple Sclerosis, Alzheimer's disease, Type 1 Diabetes (Insulin Dependent), Amyotrophic Lateral Sclerosis (ALS), Peripheral Vascular Disease, Necrotizing Fasciitis.

In addition, the following benefits may be payable if you are in a covered accident:

Repatriation	up to \$15,000
Spousal Retraining	up to \$15,000
Day Care / Education	up to \$5,000/4 years

The following benefits may be payable if you suffer accidental loss paid under the loss schedule other than death:

Rehabilitation	up to \$15,000
Eyeglasses, Contact Lenses and Hearing Aids	up to \$1,000
Family Transportation	up to \$15,000
Home Alteration or Vehicle Modification	up to \$15,000

Eligibility

Members participating in the Term Life are eligible for this coverage.

Limitations and Exclusions

“LOSS OF USE OF” must be total and irrecoverable and must be continuous for twelve consecutive months after which the benefit for Loss of Use is payable, provided such damage is determined to be permanent.

Any loss (except Critical Illness) must be the result of an accident, must occur within 365 days of the accident, and must be complete and irrecoverable. Payment will be made only for one loss, the greatest incurred as the result of one accident.

Losses caused by self-inflicted injury including asphyxiation, war, full-time service in the armed forces, flying (except as a passenger on a valid commercial airline), stroke or cardiovascular events or infections are not covered.

Notice of a claim must be provided within 30 days of an accident or diagnosis of a critical illness. The accidental death and dismemberment benefit is underwritten by AIG Insurance Company of Canada, Policy Number SRG 9139436.

6. CRITICAL ILLNESS

Benefits

Coverage of \$30,000 for the following critical illnesses; Alzheimer’s Disease, Aortic Surgery, Aplastic Anemia, Bacterial Meningitis, Benign Brain Tumor, Blindness, Cancer (life-threatening, additional restrictions apply for breast, prostate, and skin), Coma, Coronary Artery Bypass Surgery, Deafness, Dilated Cardiomyopathy, Fulminant Viral Hepatitis, Heart Attack, Heart Valve Replacement, Kidney Failure, Liver Failure (advanced stage), Loss of Independent Existence, Loss of Limbs, Loss of Speech, Major Organ Failure (on waiting list), Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Muscular Dystrophy, Occupational HIV Infection, Paralysis, Parkinson’s Disease, Primary Pulmonary Hypertension (idiopathic pulmonary arterial hypertension and familial pulmonary arterial hypertension), Progressive Systemic Sclerosis, Severe Burns, and Stroke (cerebrovascular accident).

The Critical Illness lump sum benefit will be paid to you following a survival period of 30 days after the diagnosis of a covered critical illness, unless otherwise indicated in your contract.

Eligibility

Available to age 65 years old. Insurance will take effect on the date the completed application is approved.

Limitations and Exclusions

There is no coverage for a critical illness that exists at the time of coverage becomes effective.

Non-Evidence Maximums by Firm Size

Firm size	Max
1 & 2 lives	Nil
3 & 4 lives	\$ 20,000
5 & over lives	\$ 30,000

Premium Waiver for Critical Illness

Premiums are waived as of the date approved for waiver of life insurance premiums.

Termination of Coverage

Coverage will terminate under the following circumstances:

- On your 65th birthday or at retirement (whichever is earlier);
- On the death of the insured; or
- Lapse of the policy.

7. PRESCRIPTION DRUGS COVERAGE

Benefits

The firm chooses coverage of 80% or 100% for all eligible members and employees. Coverage includes:

- Prescription drugs (including oral contraceptives) as prescribed by a licensed physician and legally available for sale in Canada. Reimbursement for brand name drugs is based on lowest-cost generic alternative.
- Vaccination.
- Vitamin B12 for treatment of pernicious anemia and allergy serums when administered by a physician are covered.
- Erectile dysfunction drugs are covered up to \$1,000 annually.
- Smoking cessation products purchased with a doctor's prescription are covered up to a lifetime limit of \$300.
- Fertility drugs, up to a lifetime limit of \$5,000.

Reimbursement for certain expensive drugs requires participation in a Health Case Management program to ensure adherence to a proper treatment plan. Participants on an 80% reimbursement plan can have a 90% reimbursement if they use a Costco pharmacy.

Limitations and Exclusions

Charges for items such as vitamins, cosmetics, cold medications, “household” remedies, diet aids or weight-loss products, or any item available without a prescription, are not covered whether or not they have been prescribed for medical reasons. Items with Natural Product Numbers (NPNs) are not covered.

Claims

Prescription drugs will be paid and adjudicated at point of-sale with your card.

8. VISION CARE COVERAGE

Benefits

Firms choose a maximum coverage of \$200 or \$350. Firms may choose to decline vision coverage.

Coverage includes charges for **eyeglasses and frames, contact lenses, or laser surgery** when prescribed by an optometrist or physician for the correction of defective vision every 24 months, and every 12 months for dependents under age 18; and one eye exam every 12 months.

Limitations and Exclusions

Sunglasses and safety glasses are not covered.

9. OUT-OF-COUNTRY EMERGENCY TRAVEL MEDICAL INSURANCE

Benefits

For the first 60 days* of a trip, the plan will reimburse 100% travel medical expenses in the event of a medical emergency while traveling out of Canada, including reasonable and customary charges for hospital services and supplies, and physician’s diagnosis and treatment, in excess of the amount provided under your provincial medical coverage. Coverage is up to \$3,000,000 lifetime maximum for individuals under age 65 and \$1,000,000 lifetime maximum for individuals over age 65.

Dependent students attending an accredited educational institution or university will not be subject to the 60-day limitation provided they maintain their provincial medical coverage.

Our Travel Assistance Centre must be contacted as soon as reasonably possible or reimbursement may be limited.

Limitations and Exclusions

No benefits are payable as a result of an accident in which the covered person was impaired by alcohol or drugs or involved in any illegal activity.

Costs associated with a pregnancy or childbirth outside of Canada within nine weeks of the expected delivery date are not covered.

There is no benefit payable for medical expenses incurred resulting from any pre-existing medical condition(s) which have not been stable for ninety (90) days immediately prior to your departure date. Stable means that you must not have not received new medical treatment, been prescribed a new prescription drug, had a change in medication, experienced new, more frequent or more severe symptoms, required medical consultation to investigate symptoms that remain undiagnosed, required in-hospital care or a referral to a specialist and/or anticipate further medical treatment,

There is no benefit payable for any expenses resulting from your participation in a professional sport or an extreme sport, including but not limited to, scuba diving (except when certified), bungee jumping, parachuting, mountaineering, skydiving, rodeo, hang gliding, acrobatic or stunt flying or jockeying.

10. EXTENDED HEALTH CARE BENEFIT

Benefits Payable

Benefits are payable for the following expenses that are medically necessary and are not paid or payable under any government plan:

- Charges for a **professional ambulance service** for transportation to the nearest hospital where satisfactory treatment can be provided.
- Customary and reasonable charges for services of a **health practitioner** including registered massage therapist, physiotherapist or athletic therapist, chiropractor, acupuncturist, osteopath, naturopath, podiatrist, registered dietician and registered clinical psychologist to a maximum of \$500 per service per calendar year. Speech therapist to a maximum of \$1,000 per calendar year.
- Services of a **registered nurse or registered nursing assistant** when recommended by a physician, up to a maximum of \$10,000 per year, provided such nurse is not related to and/or does not normally reside in the individual's home. From January 1st coincident with or next following your or your dependent's 65th birthday, the maximum payable is \$10,000 per calendar year with a lifetime maximum of \$25,000. Note: The services will not be considered as eligible expenses while you or your dependent are residing in a nursing home, home for the aged, rest home or any other facility providing similar care, or confined in a Licensed Hospital. Payment will not be made for services that are for custodial care and do not require the skill of a registered nurse or registered nursing assistant.
- Hospital charges in the province of residence for **semi-private room accommodation** (not including rental of telephone, TV, etc.)
- Fees of a dentist **for repairs to natural teeth** as a result of an accidental blow to the mouth which occurs when the person is insured under this plan, and if treatment is given within one year of the accident. If treatment is to be received more than 90 days after the accidental blow, a treatment plan must be submitted to Great West Life within 90 days of the accident.
- Charges for the provision of oxygen, blood, blood plasma, artificial limbs or eyes, crutches, splints, casts, trusses or braces; ostomy and ileostomy supplies, IUDs, mastectomy bras, stump socks, surgical stockings. Custom orthopedic shoes are limited to one pair per year. Orthotics up to \$200 per year.

- Charges for the rental, or where more economical the purchase, of **equipment for therapeutic treatment**, including wheelchairs and hospital beds.
- **Wigs and hairpieces** purchased as a result of chemotherapy or the disease Alopecia Totalise up to \$700 lifetime maximum.
- Charges for **hearing aids**, when prescribed by a physician, to a maximum of \$500 every four years.
- Charges, up to a lifetime amount of \$10,000 for hospital and physician **services outside your province of residence** if they are not available in your province. Full details of the services must be submitted by your doctor and preapproved by CPAIPW in advance.
- In the event of an emergency while **traveling in Canada** outside of the normal province of residence, reasonable charges for physicians' services to the extent that they are not payable under a government medical insurance plan, and reasonable charges of a hospital for semi-private room accommodation with reimbursement being made on the basis of comparable charges in the province of residence.
- CPAIPW offers a **medical consultation service** that connects you to the world's leading medical centres and experts in the event of contracting certain conditions.

Through our provider, Best Doctors, you and your local doctor or specialist will have immediate access to the latest technologies, the opinions of world-class specialists, and clinical guidance. Best Doctors can assist with confirming the diagnosis of a covered condition, and can suggest the most effective treatment plan by drawing on a global database of 50,000 peer-ranked specialists.

Service are provided in the event that you contract one of the following conditions/illnesses: AIDS, Alzheimer's Disease, Benign brain tumour, Blindness, Cancer, Cardiovascular conditions, Deafness, Kidney failure, Loss of speech, Major organ transplant, Major trauma, Motor neuron disease (ALS, Lou Gehrig's), Multiple Sclerosis, Paralysis, Parkinson's Disease, Severe burns, Stroke or Coma.

Some less serious forms of the covered conditions are excluded. For specific definitions of a covered condition and further information on their services, call 1-888- 362-8677 and refer to our plan number 335693 and your certificate number.

Eligibility

Employees with a provincial health plan are eligible for this coverage.

Termination

Extended health care benefits will automatically terminate at retirement or if you leave your employer.

Limitations and Exclusions

No benefits are payable for expenses incurred as a result of:

- The failure of any person to claim benefits under a provincial medical insurance plan.
- The treatment of diseases, conditions or injuries for which care, benefits or services are provided under a government medical insurance plan, or provided without cost or at nominal cost by public authorities.
- The treatment of any ailment for which the person is hospitalized at the time of becoming insured. After a three-month period, during which the ailment requires no treatment, eligible expenses related to such an ailment may be included.
- War or participation in a riot, or self-inflicted injury.
- Active participation in a criminal offence.
- Cosmetic surgery.

Spousal Exemption

If you do not require the extended health care plan because similar coverage is provided by your spouse's plan, you must submit the spousal exemption information.

11. DENTAL CARE BENEFIT

Benefits

The following three levels of service are available, depending on the size of your firm:

1. **Basic Preventive Services** covers diagnostic and preventive services associated with regular dental care: examinations (maximum of four per patient per calendar year), X-rays, fillings, extractions, anesthetics, oral surgery, and space maintainers for dependent children under age 15. Services for root canal and gum disease, denture lining and rebasing are also covered. Fluoride treatment is covered only to age 19.

Reimbursement options are 80% or 100%, with an annual (calendar year) maximum of \$1,500 per insured individual/dependent. Basic services are available to firms of five persons or more.

2. **Major Restorative Services** covers dentures, crowns, inlays, onlays and bridgework. Replacements are covered only if the existing ones are at least five years old and no longer serviceable.

Reimbursement is at 50%, with an annual maximum of \$1,500 per insured individual/ dependent. Major services are available to firms of ten persons or more.

3. **Orthodontics Services** (for dependent children only) provide coverage for orthodontics and all necessary dental treatment which has as its objective the correction of malocclusion of the teeth.

Reimbursement is at 50% with a lifetime maximum of \$2,500 per dependent child. Orthodontic services are available to firms of fifteen persons or more.

Pre-Authorization for Treatment greater than \$500

If dental expenses are likely to be more than \$500, you should submit a “Pre-determination” to CPAIPW. A Pre-determination is simply an outline of the proposed treatment prepared by your dentist prior to any work being performed. Your dentist will be advised of the portion that is covered by your dental plan, enabling you to determine your costs.

Claims

Claims are filed electronically by your dental office.

Eligibility

To be eligible for the dental plan, the following requirements must be met:

- The employer must pay at least 50% of the dental premiums.
- The firm must have life and long term disability benefits.
- All employees must join the firm’s dental plan, unless they have a spousal exemption. In addition, certain participation requirements apply to the firm over all.
- If the firm has both extended health care and dental benefits, you must have the same status (single or family) for both benefits.

Termination

Dental care benefits will automatically terminate if you leave your employer or retire.

Limitations and Exclusions

No benefits are payable for expenses incurred as a result of:

- Any claim resulting from self-inflicted injury, insurrection or war, or active participation in a criminal offence.
- Any cause for which you or your dependent may apply for and receive indemnity or compensation under the Workers’ Compensation Act, or any dental care or treatment for which you are not legally obligated to pay.
- Any dental care or treatment which is mainly for cosmetic reasons.
- Any charges for appointments not kept or for the completion of claim forms.
- Any dental treatment that has a purpose of correcting tempo mandibular joint dysfunction (TMJ).
- Any endodontic treatment (root canal) started before you or your dependent became insured under this plan.
- Replacement of mislaid, lost or stolen appliances.
- Any crowns placed on teeth that are not functionally impaired by incisal or cuspal damage.
- Any crowns, bridges or dentures for which tooth preparations were made before you or your dependent became insured under this benefit.
- Any charge for a Full Mouth Series of X-rays for your dependent under age twelve or whose policy does not provide for orthodontic benefits.
- Any charge for other than “metal” crowns or pontics, posterior to the second bicuspid tooth.
- Any procedures, appliances or restorations used to increase vertical dimensions, or to repair or restore teeth damaged or worn due to attrition or vertical wear or to restore occlusion.
- Any services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants.
- Any orthodontic expenses which were incurred prior to the date on which you became insured.
- Any treatment must be the least expensive that will produce a professionally adequate result.

12. GENERAL TERMS AND CONDITIONS

Eligible Firms

Any firm of at least two eligible CPAs and/or employees, engaged full-time in the practice of public accounting; accounting, tax or financial consulting services; professional services where the partners actively hold themselves to be CPAs to their clients; or a firm directly related to an eligible firm in one of the four western provinces or territories.

All eligible CPAs and employees must participate in the group plan.

All CPAs and employees of a firm that have established a group plan are eligible for insurance, provided they are a permanent resident of Canada, are age 69 and under, and are actively working with the firm a minimum of 20 hours per week. Contract personnel are also eligible for benefits provided they meet the same criteria.

Commencement of Coverage

Insurance for an employee who is not a CPA will commence after three months of continuous full-time employment, and in the case of a CPA, on the first day of active employment, provided CPAIPW receives notification within 31 days of this date. If evidence of insurability is required, the insurance will commence after the waiting period, on the date the application is approved.

Evidence of Insurability

CPAIPW reserves the right to request, at its expense, any additional medical information on any application.

Claim Procedures

Forms for filing a death or disability claim are available from CPAIPW. For prompt payment, the claim form should be completed and proof of the claim attached. Proof may include itemized bills, reports from doctors, and certified copies of hospital records and reports depending on the nature of the claim being filed.

Change in Dependent Status

In the event of a change in status, you must complete and return an updated enrollment form within 31 days of the date of the change. Changes include:

- Addition of a spouse as a result of a marriage or a common-law relationship.
- Addition of a child as a result of a birth, adoption, custody, marriage/common-law relationship or legal guardianship.
- Death of a spouse or child.
- Loss of eligibility (separation, divorce or child reaching the maximum eligible age).
- Total and involuntary loss of a spouse's benefits (important if you co-ordinate benefits with your spouse).

Co-ordination of Medical/Dental Benefits

If your spouse also has a benefit plan, you may submit claims to both plans to receive the maximum coverage on your expenses.

- Submit your personal expenses to the CPAIPW plan first, and then to your spouse's plan for any remaining expenses.
- Your spouse must submit his/her personal expenses to their employer's plan first, and then to CPAIPW for any remaining expenses.
- Submit claims for children to the plan of the spouse whose birthday is first in the calendar year, then to the other plan for any remaining expenses.

Claims

Prescription drug and dental claims will be submitted electronically and the covered amounts paid at the service provider by using your benefit card. For other services, you must pay first and submit your claim online or by paper.

The completed claim form should be submitted to CPAIPW within 90 days of the date of the claim. If a delay in submitting a claim is anticipated, please contact CPAIPW.

Master Contracts

This summary is for information purposes only. Benefits will be provided in accordance with the terms of the master contract with the insurance carriers for these programs. Please call or email CPAIPW for any details not provided within this policy overview.

14. DEFINITIONS

Disability

Total disability or totally disabled means that during the elimination period and during the remainder of the period for which benefits are payable, as a result of injury or sickness occurring while insured under the plan,

- For CPAs, the inability to perform the essential duties of your normal occupation, to age 69.
- For employees, the inability to perform the normal duties of your occupation during the first 24 months of total disability and thereafter, the complete inability to engage in any gainful occupation for which you are reasonably qualified by training, education or experience.

You will not be considered totally disabled during any period in which you are engaged in any other gainful occupation, or are not under the regular care of a licensed physician, surgeon or psychiatrist.

Partial Disability

For CPAs, you will be considered partially disabled if, due to sickness or injury, you are only able to perform some of the normal duties of your regular occupation or you are engaged in and receiving earned income from any other gainful occupation, providing your earned income is reduced at least 20% from its pre-disability level as a result of the disability. For non-CPAs you must be totally disabled throughout your waiting period. Partial disability is only available for the first 24 months of disability.

Spouse

Includes a person who is publicly represented as your spouse.

Child

A natural or adopted child, stepchild (spouse's child who lives with you), a child under your custody, or a child related by blood or marriage for whom you are the legal guardian. The child must be unmarried and dependent on you for support. A dependent child must be under the age of 21, or under age 25 if in full-time attendance at a recognized school or university. If the child is physically or mentally disabled and was covered as a dependent before age 21, the child continues to be eligible for benefits. Children must reside with you unless at school; if the child resides with your ex-spouse, you must have a significant financial responsibility as outlined in a legal agreement.

If a child ceases to meet any of the above criteria during the year, the child is no longer an eligible dependent. Please contact your firm administrator to remove your child within 31 days of becoming ineligible.

Annual Earnings

For an employee, the regular rate of remuneration paid by the employer, excluding bonuses, overtime, extra compensation or expense allowances.

For a CPA, the average income earned for their services whether paid as fees, salary, bonus, commissions or honorarium (excluding investment income) in the previous fiscal year or previous six months, whichever is greater.

Our policies, forms and documents are available online at www.cpaipw.ca.

CPA Insurance Plans West

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