

Have you thought about what would happen to your lifestyle if an injury or illness prevented you from earning an income, starting tomorrow?

How long could you financially survive... days, weeks, months, years?

*Where would the money come from?
Savings?... RSP's?...
Line of Credit?...*

LOSS OF INCOME COVERAGE

Issue ages from 18 - 69, coverage to age 75

Loss of Income coverage, provides you with **an income when you can't work** due to an injury or illness.

Injury Coverage Is Guaranteed To Issue¹

Illness² coverage can be added.

24 hour or Non-Occupational coverage

Monthly Benefits from \$1,000 to \$6,000³ available

Benefits Payable to age 70 or for a 5 year benefit period. Benefit Period is reduced to 24 months upon attainment of age 68.

Payable From The First Day

30 day or 120 day waiting period also available

Benefits Based On Gross Business Revenue or employment income

Features Include:

Partial Disability Benefit

50% benefits for up to 180 days

Waiver of Premium

after 30 days of Total Disability while benefits are payable

Return to Work Assistance Benefit

rehabilitation and financial assistance in returning you to work

Accident Medical Reimbursement Benefit

providing reimbursement up to \$10,000 for many medical expenses not covered by government health plans

“YOU are your most valuable asset”

Your ability to earn an income provides you with **EVERYTHING** in your life...
what are YOU doing to protect it?

BUSINESS OVERHEAD EXPENSE COVERAGE⁴

Issue ages from 18 - 69, coverage to age 75

Business Overhead coverage provides reimbursement of fixed business expenses while a business owner is unable to work due to a disability.

- Purchase as a stand alone benefit, or with Loss of Income coverage
- Monthly benefits from \$1,000 to \$6,000³ available
- Benefits start after 30 days

Optional Benefits⁴

Issue ages 18 - 64, coverage to age 70

Accidental Death and Dismemberment Coverage

Up to \$300,000 in addition to any other insurance you may have.

- Principal sum amount in the event of Death, Paraplegia, Hemiplegia or Quadriplegia.
- Includes an enhanced loss schedule, as well as benefits like day care, education, home alteration/vehicle modification.

Travel Medical Emergency Coverage⁵

Provides up to \$5,000,000 of coverage for reasonable and customary medical expenses as part of the emergency treatment arising from a medical condition.

- Covered expenses include hospital accommodations, physician charges, diagnostic services, paramedical services, ambulance services, emergency air transportation, transportation to bedside, and more.
- Emergency Assistance available 24 hours 7 days a week.
- Unlimited number of trips and within the first 30 consecutive days of each trip.

Safeguard your LIFESTYLE with the EDGE TODAY!

1. Provided you satisfy the qualifying questions. 2. A separate application is required for illness coverage to be included.

3. Benefits over \$5,000 only available to classes AA and EXEC. 4. Additional premium required 5. Certain exclusions apply, please see policy booklet for complete details before you travel.



85484-NOV11

HOW TO DETERMINE YOUR LOSS OF INCOME BENEFIT AMOUNT

How much income you make, and how you make it, will determine the benefit amount payable in the event of a claim, and will be determined by your Qualifying Insurable Monthly Earnings (QIME) at the time you become disabled. If your income changes after purchasing Loss of Income Coverage this could affect the benefit amount payable. The benefit amount payable to you at claim time is the lesser of your QIME or the Benefit Amount purchased. (The benefit amount payable may be lower than this amount if you are receiving benefits from other sources.).

The maximum Loss of Income Benefit amount available to purchase is based on your QIME, and must be within \$250 of the QIME amount.

HOW TO DETERMINE YOUR BUSINESS OVERHEAD BENEFIT AMOUNT

Business Overhead Expense coverage is a reimbursement of the actual amount of fixed expenses paid. You may select a monthly benefit amount that is 25% higher than the actual amount of fixed expenses to account for future growth. The Business Overhead Expense Benefit paid at claim time will be the "actual" expense amount submitted for the month.

The Maximum Total Benefit is 12 x the benefit amount purchased.

If your Insurable Monthly Earnings are less than \$5,416 your QIME equals 75% of Insurable Monthly Earnings. Please see chart below to determine your QIME for Insurable Monthly Earnings higher than \$5,415.

Insurable Monthly Earnings...

INCOME SOURCE YOUR INSURABLE MONTHLY EARNINGS IS:

Employee: Annual Employment Income ÷ 12

Self Employed: 50% of Prior Average annual Gross Business Revenue or Prior Average annual Net Earned Income ÷ 12

NOTE: Gross Business Revenue is reduced by cost of goods and wages paid to employees.

INSURABLE MONTHLY EARNINGS CHART

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

WHAT WILL HAPPEN AT CLAIM TIME?

At claim time you will be required to provide written evidence of your Qualifying Insurable Monthly Earnings. This may include information from third parties, a copy of income tax returns, audited income and expense statements or employer's salary statements. Once a method of determining income has been selected that same method will be used throughout the entire period for that claim.

For the self employed, we offer a choice of income verification methods to provide you the most favourable benefit amount; either the average monthly income during the prior 6 month period, or the last taxation year, or the best consecutive 2 year period in the past 3 years immediately preceding the date of Disability (the 2 year period must commence after the effective date of coverage).

If the monthly benefit purchased, plus any other benefits payable exceeds your QIME, your Loss of Income benefit will be reduced by the excess amount. But during the first 18 months of Total Disability your benefit will not be less than 25% of the monthly benefit purchased.

The EDGE's Customer Care Unit offers a claims packaging service, liaising with our insurance partners on your behalf, to help you with the claims process.

This is a brief overview of the Benefits, providing some key definitions, exclusions and limitations, please refer to the policy booklet for complete details. In the event of any inconsistencies between this overview and the policy booklet wordings, the actual policy booklet wording will prevail.

KEY DEFINITIONS:

Total Disability means due directly to an injury or illness you are unable to perform the important duties of your Regular Occupation; you are not engaged in any gainful occupation, and you are receiving physician's care. After Disability benefits have been payable for 36 months the definition of Total Disability changes to mean due directly to an injury or illness you are unable to engage in any Reasonable Occupation; and you are continuing to receive physician's care.

Partial Disability means you are not Totally Disabled; you are engaged in your regular or any gainful occupation; but due directly to an injury or illness you are unable to perform either: i) one or more important duties of your Regular Occupation; or ii) the important duties of your Regular Occupation at least 1/2 of the time normally required. You must also be receiving physician's care.

Regular Occupation means the occupation you are actively involved in for compensation on the date of Disability.

Reasonable Occupation means any occupation in which you could earn, or within a 12 month period, could expect to earn, an income equal to or greater than 80% for the first \$4,350 of your QIME and 150% on the remainder of your QIME.

NOTE: Total and Partial Disability definitions are modified if you are unemployed or on a leave of absence on the date of disability. (refer to policy for details)

Guaranteed Renewable Once issued, your policy cannot be cancelled by the Company, and its provisions may not be restricted or modified prior to your 75th birthday for Injury only coverage, and your 70th birthday for Illness coverage. (assuming premiums are paid when due and there were no misstatements, misrepresentations or omissions related to your insurability at time of application). Furthermore, your policy cannot be singled out for premium change, but, the insurer may at its discretion change premiums for all policies in any one class grouping.

Please note that benefits will not be payable for a disability that occurs while you are travelling outside Canada, US, United Kingdom or Australia for more than 60 days.

NOTE: Key definitions apply to the Coverages provided by RBC Life Insurance Company only.

PRIVACY STATEMENT *your privacy matters to us.*

At The Edge Benefits Inc., we are committed to protecting your privacy. We respect your privacy and want you to understand how we collect and use your personal information.

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, the Medical Information Bureau, 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 other third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, 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. For these purposes, where a third parties 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.

For further information on the privacy policies and procedures of any of the Insurers that partner with The Edge Benefits Inc, please contact us at 1-800-908-9917.

PREMIUM RECEIPT & INFORMATION NOTICE *(This section must be completed and left with the applicant.)*

INJURY Coverage ONLY INJURY Coverage NOW, ILLNESS when approved and premium received INJURY & ILLNESS Coverage, effective upon approvals and when premium received

LOSS OF INCOME INJURY: 24 Hour or Non-Occupational **Benefit Period** 5 Year or to age 70 **Elimination Period** 0 day 30 day 120 day

Monthly Benefit Amount \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$5,500 \$6,000 \$ _____ (A)

BUSINESS OVERHEAD EXPENSE:

Monthly Benefit Amount \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$5,500 \$6,000 \$ _____ (B)

ACCIDENTAL DEATH & DISMEMBERMENT _____ \$100,000 \$200,000 \$300,000 \$ _____ (C)

TRAVEL MEDICAL EMERGENCY _____ Single Family \$ _____ (D)

Received from _____ The amount of $(A + B + C + D)$ on _____ (DATE) payable to The Edge Benefits Inc.

If your application is submitted without a cheque representing the first months premium, we will withdraw the first premium upon receipt of your application from the PAD information provided by you. Coverage will become effective on the later of, the date of the application, the date of the cheque for the first month's premium if submitted with the application or the Effective Date specified on the Schedule of Benefits issued by The Edge Benefits Inc. Coverage will not become effective if the initial premium is not honoured on presentation.

Advisor Signature _____

Print Name Here _____

Telephone _____

Advisor Disclosure: I declare that I am acting as a licensed insurance advisor for the named insurers on this Product Overview; that I have disclosed any conflict of interest (if any), and I am remunerated by commissions from The Edge Benefits Inc. Depending upon volume of sales I may qualify for bonuses, awards and/or trips.

QUALITY GUARANTEE:

If within 30 days of receipt of your policy contract you feel the policy does not meet your Lifestyle Protection needs, return it to the EDGE and we'll cancel coverage and refund your premiums.

APPLICATION FOR INSURANCE

This application is for **INJURY ONLY** coverage, if applying for **ILLNESS**, please ALSO complete the supplemental Illness Application form No. 85490

SECTION 1 - GENERAL INFORMATION please print clearly New Application Adding/Changing Existing **POLICY #:** _____

APPLICANT NAME First _____ Last _____ DATE OF BIRTH DD / MM / YYYY _____ AGE _____ MALE FEMALE

ADDRESS Street _____ Suite/Apt. _____ City/Town _____ Prov. _____ Postal Code _____ PHONE _____

EMPLOYER/COMPANY NAME _____ EMAIL _____

ADDRESS Street _____ Suite/Apt. _____ City/Town _____ Prov. _____ Postal Code _____ PHONE _____

OCCUPATION* _____ **Occupational Rating**
 EXEC AA A B BB

*Please use the exact wording as stated in the Rate Guide. If the occupation is not listed, please go to our web site for more options.

SECTION 2 - QUALIFYING / FINANCIAL INFORMATION (MUST be completed)

QUALIFYING QUESTIONS:

- 1. Have you ever had any injury(ies) or other condition which currently restricts your bodily movement or that limits you in performing any daily activities? If YES, coverage is NOT AVAILABLE YES NO
- 2. Are you currently working at least 20 hours per week and 35 weeks per year? If NO, coverage is NOT AVAILABLE YES NO

If you have satisfied the qualifying questions above, continue

- 3. Do you understand English and/or French? If NO, please submit the appropriate "statement of understanding" in your language. YES NO
- 4. Are you covered by any workers' compensation plan? If No, only 24 hour coverage is available. If Yes, you can still purchase 24 hour coverage but benefits will be integrated. You may wish to consider non-occupational coverage. YES NO
- 5. Are you covered by Employment Insurance? If Yes, 120 Day Elimination Period coverage is available. YES NO
- 6. Do you work in any occupation other than the occupation noted above? YES NO

If Yes; Occupation: _____ percentage of time spent in this Occupation: _____

If this occupation is a different class than the primary occupation and more than 15% of time is spent, please use the lower of the 2 occupational Classes for rating purposes.

LOSS OF INCOME BENEFIT CALCULATOR. This section MUST be completed for coverage to be issued

<i>Self Employed</i>	Enter either annual Gross Business Revenue x 50%, or annual Net Earned Income <small>Gross Business Revenue is reduced by cost of goods and wages paid to employees.</small>	\$ _____	(A)
<i>Employees</i>	Enter annual Employment Income	\$ _____	(A)
<i>Insurable Monthly Earnings</i>	Amount in Box A ÷ 12	\$ _____	(B)
If Insurable Monthly Earnings are less than \$5,415 Enter amount in Box B x 75%		\$ _____	(C)
If Insurable Monthly Earnings are greater than \$5,415 Enter Amount from Insurable Monthly Earnings Chart		\$ _____	(C)
Enter monthly amount of existing coverage remaining in force (provide details below)		\$ _____	(D)
Qualifying Insurable Monthly Income <small>Amount in Box C minus D</small>		\$ _____	(E)

Maximum Monthly Benefit Amount in Box E rounded to nearest \$500. (cannot exceed \$6,000 for Class AA and Exec or \$5,000 for Classes A, B, and BB)
 Provide details of existing coverage remaining in force. Failure to disclose may result in cancellation of coverage, or a reduction in benefits provided under this policy.
 If coverage is being replaced, please submit Replacement Disclosure form as required.

Company: _____ EP: _____ BP: _____

BUSINESS OVERHEAD EXPENSES

Only complete if applying for BOE Coverage

Monthly Payments	Amount
Lease payments	\$ _____
Property Rent	\$ _____
Prof/Accounting Fees	\$ _____
Insurance payments	\$ _____
Utilities:	\$ _____
List other fixed expenses:	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL	\$ _____

SECTION 3 - COVERAGE BEING APPLIED FOR

INJURY Coverage ONLY INJURY Coverage NOW, ILLNESS when approved and premium received INJURY & ILLNESS Coverage, effective when both are approved and premium received
 If selected do not collect premium with application, "VOID Cheque" only.

LOSS OF INCOME INJURY COVERAGE 24 Hour or Non-Occupational **Benefit Period** 5 Year or to age 70 **Elimination Period** 0 day 30 day 120 day

Monthly Benefit Amount \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$5,500 \$6,000 \$ _____ (A)

BUSINESS OVERHEAD EXPENSE INJURY COVERAGE
Monthly Benefit Amount \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$5,500 \$6,000 \$ _____ (B)

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE **Principal Sum Amount** \$100,000 \$200,000 \$300,000 \$ _____ (C)

TRAVEL MEDICAL EMERGENCY COVERAGE Single Family \$ _____ (D)

ADVISOR NOTES:

Total Monthly Premium Due \$ _____ (A+B+C+D)

SECTION 4 - BENEFICIARY DESIGNATION

Only required if applying for AD&D Coverage, where no beneficiary is indicated benefits will be payable to the estate of the insured.

Beneficiary _____ Relationship _____

TRUSTEE: for minor beneficiaries _____ Relationship of Trustee to Beneficiary _____

Quebec residents: If you designate your spouse as your beneficiary, this designation is irrevocable unless you check the "Revocable" box Revocable

SECTION 5 - PRE-AUTHORIZED DEBIT (PAD) Please attach a cheque marked "VOID"

I hereby request/authorize The Edge Benefits Inc. ("the Administrator") to debit my account, shown on the attached VOID cheque, pursuant to the Pre-Authorized Debit Agreement outlined on the attached product overview, for each month's premium payable to the Administrator and its successors or assigns. The Administrator's treatment of each payment shall be as if it were a cheque drawn on my account, and signed personally by me. **Under this premium payment method, the Administrator shall not be required to give notice of premiums due.** The expression "cheque" used in this request includes magnetic or computer produced paper tape that is or purports to be a direction to credit any amount to the Administrator and debits such amount to the account described. **If a pre-authorized cheque is returned due to non-sufficient funds, the Administrator is authorized to redeposit the cheque or add the appropriate amount to the next cheque. A \$25.00 service fee will be applied to all NSF cheques.**

Your PAD WITHDRAWAL DATE is the Effective Date of Coverage, or select a date _____ (1st to 28th) *the withdrawal date selected must be within 15 days from the premium due date.*

If your application is submitted without a cheque representing the first months premium, we will use this PAD information to withdraw the first premium upon receipt of your application.

Name of Bank: _____ Transit #: _____ Institution #: _____ Account #: _____

Date _____ Signature of Payor _____ (as it appears on bank records) Print name of Payor _____

Date _____ Signature of Second Payor _____ (if required for joint account) Print name of Second Payor _____

SECTION 6 - AGREEMENT, DECLARATION & UNDERSTANDING SIGNATURE

I have reviewed this application for benefits, and it is to the best of my knowledge and belief true, complete and correctly recorded and together with any other forms signed by me in connection with this application form the basis for any policy issued. I understand that any coverage arising from this application may not be valid if there is any incorrect answer or misrepresentation in this application. I hereby confirm that I understand, agree and consent as outlined herein.

- I confirm that I live permanently in Canada and am a Canadian Citizen or a Permanent Resident (landed immigrant) of Canada, and I am not contemplating living permanently outside of Canada within the next 24 months. I understand that if I am not a Canadian Citizen or a Permanent Resident of Canada my coverage will not be valid.
- I hereby consent to and authorize the disclosure of any records or information received or known by the insurers and/or The Edge Benefits Inc. to any insurance company who reinsures a group of policies which includes my policy number.
- I understand that all benefits payable are subject to the general terms, conditions, definitions, exclusions and limitations outlined in The Policy Booklets for the applicable coverages.
- I acknowledge having received, and have been advised to read the accompanying Product Overview, which contains some key exclusions and limitations applicable to the coverage and the Privacy Statement outlining certain privacy practices regarding collection, use and disclosure of my personal information. I have further been advised to review my policy contract when issued for complete understanding of the terms, conditions, definitions, exclusions and limitations outlined in the policy.
- I agree to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of any information to offer me products and services is optional, and that if I wish to discontinue such use I may call or write to The Edge Benefits Inc. (or their insurers) at the telephone number or address shown on the Product Overview.
- I understand that The Edge Benefits Inc. and/or their Insurers will create and maintain a file for the purposes of the Application and any subsequent claim. Only the employees, mandatories or agents responsible for such purposes will have access to it. I am entitled to consult the personal information contained in this file and where applicable have it rectified, by formulating a written request to The Edge Benefits and/or their Insurers.
- EFFECTIVE DATE OF COVERAGE:** I hereby understand that Coverage becomes effective on the later of, the date of this application, the date of the cheque for the first month's premium if submitted with this application, or the Effective Date specified on the Schedule of Benefits issued by The Edge Benefits Inc. Coverage will not become effective if the cheque submitted as payment is not honoured on presentation. If Benefits are being added to a current policy, coverage will become effective when received and approved by the insurer, and premiums have been debited from my account. I authorize The Edge Benefits Inc. to debit my account for any additional benefits purchased.
- If a third party or my employer (herein after referred to as "the Payor") is paying premiums on my behalf, I hereby authorize The Edge Benefits Inc. to receive and accept premium payments, pay any premium refunds, and send any premium or lapse notices to the Payor, and I understand and agree that for purposes set out herein, that the Payor shall be my agent, and the payment of premium refunds or the sending of notices referred to herein to the Payor, shall be deemed to be sufficient notice to me.
In addition, I authorize the Payor to have access to my personal information, as supplied in the application form, for the purposes of forwarding it on my behalf to The Edge Benefits Inc. for determining coverage and for the administration of my policy. I also authorize the Payor to receive the policy contract from The EDGE on my behalf, for delivery to me.

Date _____ Signed at _____ Signature of Applicant _____

Incontestability

The statements made in this 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 the policy has been in effect for two years from the later of applicable effective date, or the effective date of an endorsement or amendment to the policy or from the effective date of the last reinstatement.

SECTION 7 - ADVISOR INFORMATION

Advisor Signature _____ Print Name Here _____ Telephone _____ EDGE Advisor Code _____

RBC Insurance or EDGE Sales Consultant _____ MGA _____ if applicable _____

KEY EXCLUSIONS: It's important that you understand under what circumstances a claim may not be paid. Here is a brief summary of some exclusions and limitations under the coverages provided by RBC Life Insurance Company. Please ensure you review your policy contracts in their entirety for complete details of the exclusions and limitations under these and any other coverages.

Benefits are not payable for Disability or other losses covered, that results, directly or indirectly, from an Injury which occurs while you:

- 1 fly in an aircraft that is not a certified passenger aircraft operated by a properly certified pilot, flying between duly established and maintained commercial airports
- 2 participate in professional athletics or underwater activities, including scuba diving
- 3 engage in mountaineering, rock climbing, caving, parachuting, sky diving, hang gliding, bungee jumping, racing (for example; automobile, motorcycle, or horse) or racing any water device (e.g. seadoo)
- 4 operate a motor vehicle while under the influence of any intoxicant or while you have a blood alcohol concentration in excess of 80 mg of alcohol per 100 ml of blood.

Benefits are also not payable for Disability, or other losses covered, that results, directly or indirectly, from:

- 5 disease or sickness (if you purchased injury only coverage)
- 6 intentionally self-inflicted harm, or attempted suicide, including inhaling gas or absorbing fumes, while sane or insane
- 7 committing or attempting to commit a criminal offense inside or outside Canada
- 8 the use of any drug, poisonous substance, intoxicant or narcotic
- 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
- 11 any type of opportunistic infection or sickness if you have Acquired Immune Deficiency Syndrome (AIDS) and/or have tested positive for Human Immunodeficiency Virus (HIV or any subtypes) or had symptoms which were diagnosed or manifested themselves prior to your effective date of coverage
- 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 service in the Armed Forces or other military organization

Pre-existing Condition

Benefits are not payable for any Disability that begins within the first 12 months of either the effective date of coverage or the latest reinstatement date if the Disability results, directly or indirectly, from a Pre-Existing Condition.

A Pre-existing Condition means any injury in respect of which, at any time during the 12 months prior to the effective date or latest reinstatement of coverage, you consulted, received advice, took prescribed medication, or incurred any health related expenses on the advice of a physician or health care practitioner, or, a reasonably prudent person with such symptoms would have consulted a physician or health care practitioner.

Limitations

Back and neck injuries are required to be substantiated by diagnostic medical tests to qualify for Benefits. Soft Tissue Injuries are limited as follows. For each period of Disability based on your occupational class: Class BB = 20 days, Class B = 40 days, Class A = 60 days. For Classes Exec. and AA = no per period limitation. Once you've received payments for a total of 180 days (36 months for Classes AA and Exec.) no further payments will be made for Soft Tissue Injuries.

Soft Tissue Injury means a contusion, a Sprain or a Strain and also includes tendonitis, carpal tunnel syndrome, bursitis and plantar fasciitis, as well as some others, (please see policy booklet for complete list). 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. Degenerative disc disease is deemed a disease or sickness. If you purchased illness coverage, benefits will be limited to 20 days per period, up to a lifetime maximum of 120 days, for disability that results directly or indirectly from degenerative disc disease.

Pre-Authorized Debit (PAD) Agreement

Ensure you read & understand the "Privacy Statement".

The Payor named under Section 5: Pre-Authorized Debit on the Application form agrees that:

- a) The Edge Benefits Inc. (the "Administrator") is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium, if requested in the Application, against the account at the financial institution provided under Section 5 on the Application, or any other financial institution that the Payor(s) may later designate;
- b) **The Edge Benefits Inc is not required to provide notification before the initial premium is debited, or if the amount of withdrawal should vary;**
- c) unless otherwise indicated under Section 5 on the Application, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies;
- d) the financial institution indicated in Section 5 on the Application, is authorized now or at any subsequent time to honour any requests made by the Administrator to withdraw premium or fees from the account indicated in Section 5 on the Application, which may include a redraw within 30 days should any withdrawal not clear the account;
- e) notification of any change to the account information provided in Section 5 on the Application, shall be given to the Administrator by the Payor(s), at a minimum of 5 days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize the Administrator to deduct such payments from another account upon the Payor's oral or written instructions;
- f) this Agreement will terminate in respect of all policies included in it upon 10 days written notice by the Administrator or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD agreement by visiting the Canadian Payments Association website at www.cdnpay.ca;
- g) in the event that a PAD is disputed, the Payor(s) agrees to contact the Administrator. For recourse purposes, this PAD is considered a Personal PAD. The Payor(s) has certain recourse rights if any debits do not comply with this agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit www.cdnpay.ca;
- h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included in Section 5 on the Application.



1255 Nicholson Road
Newmarket ON L3Y 9C3
Tel: 1-800-908-9917
Fax: 1-866-273-5557

The Edge Benefits is proud to be an independently owned and operated Canadian Company. All EDGE Plans are developed and administered by The Edge Benefits Inc., partnering with leading insurers to provide a wide range of Lifestyle protection. ~ Simply.
Business Overhead, Loss of Income (including the Accident Medical Treatment Benefits up to \$10,000) provided by RBC Life Insurance Company.
Out of Province Emergency Medical Coverage provided by RBC Insurance Company of Canada.
Accidental Death & Dismemberment provided by ACE INA Life Insurance.
©/TM Registered Trademarks of The Edge Benefits Inc.