

ROADSIDE PACKAGE INCLUDES...

Issue ages from 18 - 64

Loss of Income coverage

provides 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 \$2,000 to \$5,000 available

Payable from the FIRST DAY, to age 70

Benefit Period is reduced to 24 months upon attainment of age 68.

Other Features:

Partial Disability Benefit

50% benefits for up to 180 days

Waiver of Premium (Disability and AD&D)

after 30 days of Total Disability while benefits are payable

Return to Work Assistance Benefit

rehabilitation and financial assistance in returning you to work

Coverage for Loss of Income terminates at age 75

ALSO INCLUDES...

Coverage terminates at age 70 for the following benefits

Accidental Death and Dismemberment Coverage³ (AD&D) \$300,000 or \$500,000

- Principal sum amount is paid 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, and seat belt benefit.

Family Coverage, your Spouse will be insured for 50% of your benefit amount, if you do not have any Dependent Children your Spouse will be insured for 60%; each Dependent Child will be insured for 15% of your benefit amount, if you do not have a Spouse, each Dependent Child will be insured for 20%.

Additional AD&D Coverage may be selected⁶
Up to \$300,000 in addition to any other coverage.
Family coverage not available with this top up.

\$110,000 Accident Medical Benefit⁴

- Accident Medical Treatment Benefit (AMTB): First \$10,000 or 365 days (first to occur) provided under the Loss of Income Coverage, Accident Medical Reimbursement Benefit (AMRB) maximum \$100,000 up to 3 years from date of accident provided under the Accidental Death and Dismemberment
- Providing reimbursement for many medical expenses not covered by provincial plans, such as hospital charges, ambulance transportation and practitioners fees (ie: chiropractor or massage therapy).

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

If Loss of Income coverage continues Travel Medical Emergency Coverage may be continued to age 75.

1. Provided you satisfy 2 qualifying questions 2. A separate application is required for Illness coverage to be considered 3. Certain exclusions apply. Please refer to your policy booklet for full details. 4. This benefit not applicable to Spouses and/or Dependent Children where family coverage has been selected. 5. Certain exclusions apply. Please see policy booklet for complete details before you travel. 6. additional premium required.

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.

ADD BUSINESS OVERHEAD EXPENSE (BOE) COVERAGE TO YOUR ROADSIDE PLAN

- Monthly benefits from \$1,000 to \$5,000 available in the event of a disability
- Benefits start after 30 days
- Business Overhead Expense Coverage reimburses fixed business expenses including the cost of a replacement driver so your business can keep on truckin'.

HOW TO DETERMINE YOUR BUSINESS OVERHEAD EXPENSE 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.

SOFT TISSUE EXTENSION OPTION

Soft Tissue Injuries are limited as outlined under the exclusions and limitations. You may increase the limit to 120 days on Soft Tissue Injuries that occur as a result of an accident while driving your truck.

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.

SELF EMPLOYED		EMPLOYEES	Qualifying Insurable Monthly Earnings* (QIME) (C)	Maximum Benefit* Available	
Annual Gross Business Revenue (A)	Annual Net Earned Income (B)	Annual Employment Income (B)			
\$24,000	\$12,000		\$750	\$1,000	For benefits up to \$4,000, you may use the formula to calculate QIME (C): (A) x 50% x 75% ÷ 12 or (B) x 75% ÷ 12
\$32,000	\$16,000		\$1,000	\$1,000	
\$38,000	\$19,000		\$1,188	\$1,000	
\$42,000	\$21,000		\$1,313	\$1,500	
\$50,000	\$25,000		\$1,563	\$1,500	
\$60,000	\$30,000		\$1,875	\$2,000	
\$80,000	\$40,000		\$2,500	\$2,500	
\$100,000	\$50,000		\$3,125	\$3,000	
\$110,000	\$55,000		\$3,438	\$3,500	
\$120,000	\$60,000		\$3,750	\$4,000	
\$130,000	\$65,000		\$4,063	\$4,000	
\$130,000 - \$139,999	\$65,000 - \$69,999		\$4,125	\$4,000	
\$140,000 - \$149,999	\$70,000 - \$74,999		\$4,275	\$4,500	
\$150,000 - \$159,999	\$75,000 - \$79,999		\$4,450	\$4,500	
\$160,000 - \$169,999	\$80,000 - \$84,999		\$4,600	\$4,500	
\$170,000 - \$179,999	\$85,000 - \$89,999		\$4,750	\$5,000	
\$180,000 - \$189,999	\$90,000 - \$94,999		\$4,925	\$5,000	
\$190,000 - \$199,999	\$95,000 - \$99,999		\$5,075	\$5,000	
\$200,000 - \$209,999	\$100,000 - \$104,999		\$5,225	\$5,000	



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.



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

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.

PRIVACY STATEMENT your privacy matters to us.

The Edge Benefits Inc., and the insurers 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

When you enrol for insurance coverage, or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. 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.

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 share the information about you that we collect with the insurers to whom you have applied for coverage on the attached application. We, and the insurers, 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 (MIB), 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, and the insurers may provide us with information about you, including claims information, to help us do this. We may also use your information to offer you products and services which may be of interest to you. Where a third party 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.

EXCHANGE OF INFORMATION WITH THE MEDICAL INFORMATION BUREAU (MIB)

Information regarding your insurability will be treated as confidential. The insurers or their reinsurers may, however, make a brief report thereon to MIB Inc., a not-for-profit-membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 1-866-692-6901 (TTY 1-866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction at: 330 University Avenue, Suite 501, Toronto, ON M5G 1R7. The insurers or their reinsurers may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at: www.mib.com.

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 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.

NOTE: Total and Partial Disability definitions are modified if you are unemployed or on a leave of absence on the date of disability.

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.

Guaranteed Renewable means, 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 Co-operators Life Insurance Company only.

Pre-Authorized Debit (PAD) Agreement *Ensure you read & understand the "Privacy Statement"*

The Payor named under Section: Pre-Authorized Debit (PAD) 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 the PAD Section 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 the PAD Section 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 the PAD Section 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 the PAD Section 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 the PAD Section on the Application, shall be given to the Administrator by the Payor(s), at a minimum of 5 business days prior to the next scheduled withdrawal date. The Payor(s) agrees that from time to time they may authorize the Administrator to deduct PAD payments from another account upon the Payor's oral or written instructions;
- f) Edge Benefits Inc may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten(10) days prior written notice to me/us;
- g) This authority to remain in effect until Edge Benefits Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before next debit is scheduled at the address provided below. I /We may obtain a sample cancellation form, or more information on my/our right to cancel PAD agreement at my/our financial institution or by visiting www.cdnpay.ca;
- h) 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;
- i) The names and signatures of all persons required to authorize withdrawals from the account indicated are included in the PAD Section on the Application.

APPLICATION FOR INSURANCE

This application is to be used when applying for THE ROADSIDE PACKAGE, INJURY ONLY coverage.
If applying for ILLNESS, please also complete Illness portion of the EDGE Application form

SECTION 1 - GENERAL INFORMATION *please print clearly*

New Application Adding/Changing Existing POLICY #: _____

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

PLACE OF BIRTH Country _____ Prov. _____ PREVIOUS NAME First _____ Last _____

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: **TRUCK DRIVER** CLASS A (less than 15% loading or unloading) CLASS B (more than 15% loading or unloading)

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 other occupation? YES NO

If YES; Occupation(s): _____ percentage of time spent in this occupation(s) _____
If this occupation is a different class than the truck driver occupation noted above and more than 15% of time is spent, please use the lowest of the occupational Classes for rating purposes.

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

Self Employed	Enter the HIGHEST of OPTION 1 or 2 from the calculator on the right	\$	(A)
Employees	Enter annual Employment Income	\$	(A)
Qualifying Insurable Monthly Earnings (see chart in overview)		\$	(B)
Less: monthly amount of existing coverage remaining in force (provide details below)		\$	(C)
Final Qualifying Insurable Monthly Earnings		\$	(D)

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 you intend to replace existing coverage, your advisor must provide you with the applicable replacement disclosure form and submit a copy along with your application.

Type: (DI Injury, DI Illness, BOE etc.) Amount _____ Company _____ EP: _____ BP: _____

Type: (DI Injury, DI Illness, BOE etc.) Amount _____ Company _____ EP: _____ BP: _____

SELF EMPLOYED ONLY

INCOME- CHOOSE the highest of:
Option 1: GROSS REVENUE Formula
Enter Gross Business Revenue \$ _____
Less Cost of Goods -\$ _____
Less Employee Wages* -\$ _____
SubTotal \$ _____
Subtract 50% -\$ _____
GROSS REVENUE - Enter in Box A: \$ _____
*Do not include income splitting amounts

OR Option 2 EARNED INCOME FORMULA
Enter Your Share of Profit before Tax
EARNED INCOME - Enter in Box A: \$ _____

BUSINESS OVERHEAD EXPENSES

Lease _____ Rent _____ Utilities _____
Insurance _____ Prof/Accounting Fees _____
List Other _____
TOTAL MONTHLY EXPENSES: \$ _____

SECTION 3 - BENEFICIARY DESIGNATION

Applicable to the AD&D Coverage, where no beneficiary is indicated benefits will be payable to the estate of the insured. The beneficiary in the event of Death of the spouse and/or dependent children will be the Applicant.

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" in the circle provided Revocable

SECTION 4 - ADVISOR INFORMATION

Advisor Signature: _____ Print Name Here: _____ Tel.: _____

Email: _____ Advisor Code: _____ MGA: _____ if applicable

SECTION 5 - COVERAGE BEING APPLIED FOR

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

IMPORTANT NOTE: THIS APPLICATION IS TO BE USED WHEN APPLYING FOR THE COMPLETE ROADSIDE PACKAGE OF BENEFITS OUTLINED ON THE ACCOMPANYING PRODUCT OVERVIEW. IF NOT APPLYING FOR THE ROADSIDE PACKAGE OUTLINED THEREIN, OR TO GET COVERAGE FOR OCCUPATIONS OTHER THAN TRUCK DRIVERS, PLEASE USE THE EDGE APPLICATION FORM.

ROADSIDE PACKAGE Single Family **LOI or AMB Benefits not applicable to spouse/dependent children even if Family coverage selected.**

LOSS OF INCOME INJURY COVERAGE (LOI) 24 Hour Non-Occupational **Benefit Period** to age 70 **Elimination Period** 0 day
Insured by Co-operators Life Insurance Company
Monthly Benefit Amount \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000

Please note: Roadside rates include 8% sales tax on the Travel Medical Emergency (Single \$1.72/Family \$2.58)
If provincial tax is not applicable, premiums will be reduced by these amounts. For QC Residents the premium will be increased to include 9% sales tax. (Single \$1.94/Family \$2.91)

ACCIDENTAL DEATH & DISMEMBERMENT Principal Sum Amount \$300,000 \$500,000
Insured by ACE INA Life Insurance

Includes Accident Medical Reimbursement Benefits (AMRB)

TRAVEL MEDICAL EMERGENCY Include Waive
Insured by Allianz Global Assistance

ROADSIDE PACKAGE MONTHLY PREMIUM \$ _____ A

ROADSIDE PACKAGE UPGRADES If applying for illness coverage please complete the illness portion of the EDGE Application form.

BOE INJURY COVERAGE Monthly Amount \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$ _____ B
Insured by Co-operators Life Insurance Company

ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT Principal Sum Amount \$100,000 \$200,000 \$300,000 \$ _____ C
Insured by ACE INA Life Insurance

Soft Tissue Extension Option (Use the Soft Tissue Option premium that corresponds to the same LOI Benefit Amount selected above) \$ _____ D

PACKAGE UPGRADES MONTHLY PREMIUM \$ $B + C + D$ E

TOTAL MONTHLY PREMIUM DUE \$ $A + E$

SECTION 6 - PRE-AUTHORIZED DEBIT (PAD) 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 will be 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 _____ Print name of Payor _____
(as it appears on bank records)

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

SECTION 7 - AGREEMENT, DECLARATION & UNDERSTANDING SIGNATURE

I have reviewed this application for insurance, 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 which 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 consent to the use of my personal information for the purposes outlined in the Privacy Statement located in the product overview. 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 authorize any licensed physician, medical practitioner, hospital, clinic, paramedical firm, or other medical or medically-related facility or service provider, the Medical Insurance Bureau (MIB) or any other organization, institution or person that has any information about me or my health status, to provide such information to The Edge Benefits Inc. (or their insurers). I also authorize The Edge Benefits (or their insurers) to make a brief report of my personal health information to MIB. A facsimile, photocopy, scan or other electronically imaged copy of this authorization is as valid as the original.
- 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, mandataries 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 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, or age conservation applies, 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.

It is the express wish of the parties that this application for insurance and any related documents be drawn up in English *Il est la volonté expresse des parties que cette demande d'assurance et tous les documents y afférents soient rédigés en anglais.*

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.

KEY EXCLUSIONS & LIMITATIONS:

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 Co-operators 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.

Exclusions 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 Vehicle while under the influence of any drugs (other than as prescribed and taken in accordance with the instructions of a physician), or while your blood alcohol level is greater than 80 milligrams per 100 millilitres of blood (0.08);
- 5 while the insured is incarcerated
Benefits are also not payable for Disability, or other losses covered, that results, directly or indirectly, from:
- 6 disease or sickness (if you purchased injury only coverage)
- 7 intentionally self-inflicted harm, or attempted suicide, including inhaling gas or absorbing fumes, while sane or insane
- 8 committing or attempting to commit a criminal offense inside or outside Canada
- 9 the use of any drug, poisonous substance, intoxicant or narcotic, other than as prescribed by a and taken in accordance with the instruction of a Physician;
- 10 engaging in an illegal occupation, a riot or insurrection or any form of public disturbance or an act of declared or undeclared war
- 11 normal pregnancy and childbirth
- 12 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
- 13 Subjective Conditions: including, but not limited to, chronic fatigue syndrome, chronic pain syndrome, fibromyalgia, Epstein Barr syndrome or any other subjective syndrome or condition;
- 14 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.
- 15 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; B = 40 days, A = 60 days.

Once you've received payments for a total of 180 days 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, plantar fasciitis, patellofemoral syndrome, rotator cuff injury, palmar fasciitis, tarsal tunnel syndrome, and epicondylitis (medial/lateral). 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 sickness or disease. 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.

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 when both are approved and premium received

ROADSIDE PACKAGE Single Family

LOI or AMB Benefits not applicable to spouse/dependent children if Family coverage selected.

LOSS OF INCOME INJURY COVERAGE (LOI) 24 Hour Non-Occupational **Benefit Period** to age 70 **Elimination Period** 0 day
Insured by Co-operators Life Insurance Company

Monthly Benefit Amount \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000

ACCIDENTAL DEATH & DISMEMBERMENT Principal Sum Amount \$300,000 \$500,000
Insured by ACE INA Life Insurance

Includes Accident Medical Reimbursement Benefit (AMRB)

TRAVEL EMERGENCY MEDICAL (if waived, NO Emergency Medical Coverage while traveling) Include Waive
Insured by Allianz Global Assistance

Accident Medical Treatment Benefit (AMTB): first \$10,000 or 365 days (first to occur) provided under the Loss of Income Coverage, remaining maximum \$100,000 (AMRB) up to 3 years from date of accident provided under the Accidental Death and Dismemberment

Please note: Roadside rates include 8% sales tax on the Emergency Travel Medical (Single \$1.72/Family \$2.58) If provincial tax is not applicable, premiums will be reduced by these amounts. For QC Residents the premium will be increased to include 9% sales tax. (Single \$1.94/Family \$2.91)

ROADSIDE PACKAGE UPGRADES

ROADSIDE PACKAGE MONTHLY PREMIUM \$ _____ A

BOE INJURY COVERAGE Monthly Amount \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$ _____ B
Insured by Co-operators Life Insurance Company

ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT Principal Sum Amount \$100,000 \$200,000 \$300,000 \$ _____ C
Insured by ACE INA Life Insurance

Soft Tissue Extension Option \$ _____ D
Insured by Co-operators Life Insurance Company

PACKAGE UPGRADES MONTHLY PREMIUM \$ _____ B + C + D E

TOTAL MONTHLY PREMIUM DUE \$ _____ A + E

Received from _____ The amount of _____ A + E 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 Edge Benefits Inc. Coverage will not become effective if the cheque submitted as payment is not honoured on presentation.

Advisor Signature _____

Print Name Here _____

Telephone _____

Advisor Disclosure: I declare that I am acting as a licensed advisor to sell the products offered by the insurers named on this product overview. It is my duty to disclose any conflict of interest to you, and I confirm that should any such conflict of interest exist, I have disclosed it to you in writing. I am remunerated by commissions either directly or indirectly by The Edge Benefits Inc. Any indirect commissions I receive would be paid through an insurer or licensed insurance entity with whom I am affiliated and with whom The Edge Benefits Inc. has contracted. Depending upon the volume of sales, I may qualify for bonus, awards and/or trips. Should you require any further information regarding my business practices or relationships, please feel free to contact me.

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 refund your premiums.

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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) insured by Co-operators Life Insurance Company. Travel Medical Emergency Coverage insured by Allianz Global Assistance. Accidental Death & Dismemberment Coverage and Accidental Medical Reimbursement Benefits up to \$100,000 provided by ACE INA Life Insurance. ©/TM Registered Trademarks of The Edge Benefits Inc.

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