

My Optional Accidental Death & Dismemberment (AD&D) Benefit



Health Association Nova Scotia is a not-for-profit, non-government, membership-based association with over 60 years' experience in delivering shared services. Serving over 130 health and health-related organizations from across Nova Scotia, we are dedicated to achieving service excellence through innovation, outstanding performance, and an exceptional customer experience. One of our core service offerings is Group Benefits Solutions. We provide a range of comprehensive and cost-effective employee benefits plans, designed to help protect plan members and their families. We offer both mandatory and optional (voluntary) coverage. Your employer may offer all or some of the Health Association's benefits.

This is a summary of the Health Association Nova Scotia Optional AD&D Plan. For more detailed information, visit our website at www.healthassociation.ns.ca or contact your Benefits Administrator.

In the event of a discrepancy between this publication and the contract, the contract will prevail.

ELIGIBILITY

Who is eligible?

If you have been hired as a permanent employee to work at least 40% of a regular work week, you are entitled to coverage for you, your spouse and dependents.

Your spouse is defined as someone to whom you are married legally or common law (defined as having lived with your partner for 12 months or more; the 12 month cohabitation period is waived in the event a child is born of such relationship). This includes a spouse of the same sex.

Your dependent child is defined as an employee's or spouse's child who:

- is either under age 21 or under age 26 and a full-time student at an accredited school, college, or university; and
- is unmarried (legally or common law); and
- is not employed on a full-time basis; and
- is not eligible for benefits as an employee under this or any other group plan.

A child who is incapable of employment due to a mental or physical condition that occurred before reaching the maximum age will continue to be covered if approved by the insurance company.

When will coverage begin?

Optional AD&D Insurance coverage starts the date the signed enrolment form is received by your Benefits Administrator.

When will coverage end?

Your Optional AD&D coverage ends when you are no longer eligible, retire, reach age 70, or if your employment is terminated, whichever comes first.

Optional AD&D Insurance coverage for your spouse and dependents ends when they no longer meet the definition of spouse or dependent, you, or your spouse reach 70, your employment is terminated, or at your retirement, whichever comes earlier.

COVERAGE

What is covered?

This coverage provides a benefit to you in the event of an accidental injury, or to the beneficiary in the event of an accidental death. Coverage is available in units of \$10,000, to a maximum of \$500,000. You may choose to cover only yourself, or choose to include your spouse and/or dependents.

If you select family coverage, you are covered for 100% of the benefit, the benefit paid for your spouse and/or children will be a percentage of your coverage. The benefit amount depends on the composition of your family at the time of the claim:

Family Composition at Time of Claim	Employee Benefit (% of Coverage)	Spousal Benefit (% of Coverage)	Child Benefit (% of Coverage)
Employee Only	100%	0%	0%
Employee, Spouse Only	100%	60%	0%
Employee, Spouse and Child(ren)	100%	50%	15%
Employee, Child(ren) Only	100%	0%	20%

What are the exceptions?

Loss must be as a result of an accident. Accident means a sudden and unexpected mishap or event in which an insured person is involved and which directly results in an injury to the insured person.

Claim must be submitted within 30 days from the date of the accident. If not possible to submit claim within 30 days, the claim must be submitted within one year from the date of the accident.

This policy does not cover any loss, fatal or non-fatal, caused or contributed by:

- Suicide or intentional self-inflicted injury
- War, whether declared or not
- Participation in a riot, insurrection, civil commotion or disturbance
- Active full-time, part-time, or temporary service in the armed forces of any country
- Riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided under the "Aircraft Coverage" section on the website.
- Medical treatment or surgery, except if the medical treatment or surgery was needed because of an accident.

For further details on benefits and specific loss coverage, see Appendix A

CLAIMING

How do I make a claim?

In the event of a claim, you or your beneficiary must notify your employer. Written notice of injury must be given to the insurance provider within 30 days after the date of the accident and written proof within 90 days. If not reasonably possible to provide proof within the above timeframe, then no later than 365 days after the accident.

If you need to contact SSQ Insurance they can be reached by emailing spgroup@ssq.ca or toll-free at 1-855-395-2520 regarding claims.

CONTINUATION OF COVERAGE

What happens during a leave of absence?

If you take an approved paid leave of absence your deductions and coverage would continue.

If you take an approved unpaid leave of absence, you may continue for up to 12 months. If you take an approved maternity or parental leave, you may continue for the duration of the leave. If your leave is 12 months or less and you choose not to continue the benefits during your unpaid leave, coverage is reinstated when you return to work. For leaves longer than 12 months, you must reapply.

If you are approved for Health Association Nova Scotia Long Term Disability (LTD) benefits, coverage may continue and premium payments waived if you make application within 12 months from your last day worked.

What happens to coverage when I retire?

Coverage ceases under this plan.

Can I convert coverage?

Conversion to an individual insurance contract may apply, please contact the insurance provider. You must apply within 31 days from the date coverage is lost.

Questions?

If you have any questions about your benefits, talk to your Benefits Administrator (Employer) or contact Health Association Nova Scotia.

Group Benefits Solutions
Health Association Nova Scotia
2 Dartmouth Road, Bedford, Nova Scotia B4A 2K7
Toll-free: 1-866-886-7246

For more information, visit www.healthassociation.ns.ca and select the Benefits Plan Member Information button

The information contained in this document is provided for general information purposes only and does not constitute a contract or legal or other professional advice. It is accurate and up-to-date at the time of publication. If any discrepancies exist between this document and the Official Plan Text/Contract, the Plan Text/Contract and applicable legislation will govern in all cases.

Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program. All information is subject to change.

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Optional AD&D Insurance – Benefits

Your Optional Accidental Death and Dismemberment (AD&D) Insurance includes the following benefits.

Specific Loss Accident Indemnity

When Injury results in any of the following losses within 365 days after the date of the accident, the Insurer will pay:

For Loss of	
Life	The Principal Sum
The Entire Sight of One Eye	The Principal Sum
Speech	The Principal Sum
Hearing in One Ear	One-Half of the Principal Sum
All Toes of One Foot	One-Quarter of the Principal Sum
For Loss or Loss of Use of	
One Arm	The Principal Sum
One Leg	The Principal Sum
One Hand	The Principal Sum
One Foot	The Principal Sum
Thumb and Index Finger or at Least Four Fingers of One Hand	One-Third of the Principal Sum
For Total Paralysis of	
Both Upper and Lower Limbs (Quadriplegia)	Two Times the Principal Sum
Both Lower Limbs (Paraplegia)	Two Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia)	Two Times the Principal Sum

"Loss" as used above with reference to:

- hand or foot: means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;
- arm or leg: means the complete severance through or above the elbow or knee joint;
- thumb: means the complete severance of one entire phalanx of the thumb;
- finger: means the complete severance of two entire phalanges of the finger;
- toe: means the complete severance of one entire phalanx of the big toe and all phalanges of the other toes;
- eye: means the irrecoverable loss of the entire sight thereof;
- speech: means the complete and irrecoverable loss of the ability to utter intelligible sounds;
- hearing: means the complete and irrecoverable loss of hearing;
- quadriplegia, paraplegia, and hemiplegia: means the complete and irreversible paralysis of such limbs;
- loss of use: means the total and irrecoverable loss of use, provided the loss is continuous for 12 consecutive months and such loss of use is determined to be permanent at the end of such period.

- Indemnity provided under this section will not be paid under any circumstances for more than one of the Losses, the greatest, sustained for multiple injuries to the same limb by anyone Insured Person as the result of any one accident.

Indemnity provided under this section for all Losses sustained by any one Insured Person as the result of any one accident will not exceed the following:

1. with the exception of quadriplegia, paraplegia and hemiplegia, the Principal Sum.
2. with respect to quadriplegia, paraplegia and hemiplegia, Two Times the Principal Sum, or the Principal Sum if Loss of Life occurs within 90 days after the date of the accident.

In no event will indemnity payable for all Losses under this section exceed, in the aggregate, Two Times the Principal Sum as the result of the same accident.

Repatriation Expenses (Return of Deceased)

If you or your Insured Dependent(s) sustain accidental Loss of Life not less than 50 kilometres from the Insured Person's normal place of residence and indemnity for such Loss becomes payable under the program, we will pay the reasonable and customary expenses actually incurred for the transportation of the body to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to the Insured Person's normal place of residence. The repatriation benefit up to \$10,000 will be paid for expenses incurred for the return home of the body (including charges for the preparation of the body for such transportation).

Education Expenses

If you sustain accidental loss of life which becomes payable under the program, up to 5% of your Principal Sum (maximum \$5,000 which is in combination with the Education benefit maximum provided under any other policy issued to the Policyholder by the Insurer) will be payable for each qualifying Dependent Child for "post-secondary education" expenses provided the child (i) is already enrolled full-time in an education program or (ii) is at a secondary school level but will enrol, as a full-time student in a post-secondary education program within 365 days of your death.

This is payable annually for each year for up to 4 consecutive years. No payment will be made for expenses incurred prior to your death nor will payment be made for room, board or other ordinary living, travelling or clothing expenses.

If your Dependent Child satisfies the above requirements, any benefits payable will be paid to such child. If none of your Dependent Children satisfy the above requirements or the requirements as shown under the Day-Care benefit, an amount equal to 5% of your Principal Sum or \$2,500, whichever is less, will be paid to your beneficiary. This amount will only be paid under one of the policies issued to Health Association Nova Scotia by the Insurer.

"Post-secondary education" includes any university, college, CEGEP or trade school.

Day-Care Expenses

If you sustain accidental Loss of Life which becomes payable under the program, up to 5% of your Principal Sum (maximum \$5,000 which is in combination with the Day-Care benefit maximum provided under any other policy issued to the Policyholder by the Insurer) will be payable for each qualifying Dependent Child for Day-Care expenses provided the child (i) is enrolled in a legally licensed Day-Care Centre on the date of the

accident, or (ii) enrolls in a legally licensed Day-Care Centre within 365 days after the date of your death and (iii) is under 13 years of age.

This is payable annually for each year for up to 4 consecutive years. No payment will be made for expenses incurred prior to your death nor will payment be made for room, board or other ordinary living, travelling or clothing expenses.

If a Dependent Child does satisfy the requirements indicated above, the Day-Care benefit will be payable to your surviving Spouse if the Spouse has custody of the child. If there is no surviving Spouse or the child does not reside with the Spouse, benefits will then be paid to the child's legally appointed guardian. If none of your Dependent Children satisfy the above requirements or the requirements as shown under the Education benefit, we will pay an amount equal to 5% of your Principal Sum or \$2,500, whichever is less, to your beneficiary. This amount will only be paid under one of the policies issued to Health Association Nova Scotia by the Insurer.

Rehabilitation Expenses

If you sustain any Loss which becomes payable under the program and such Loss requires you to participate in a rehabilitation program in order to qualify to engage in an occupation in which you would not have engaged except for such Loss, the Insurer will pay the reasonable and necessary expenses actually incurred within 3 years from the date of the accident to a maximum of \$10,000. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Spousal Occupational Training Expenses

If you sustain accidental Loss of Life for which an amount becomes payable under the program, this benefit will refund expenses incurred for your Spouse to engage in a formal occupational training program in order to upgrade his/her employment qualifications, to a maximum of \$10,000 within 3 years from the date of the accident. No payment will be made for room, board or other ordinary living, travelling or clothing expenses.

Child Enhancement

With the exception of Loss of Life, the benefit amounts shown under the Specific Loss Accident Indemnity are doubled with respect to your Insured Dependent Children. This provision is not applicable if Loss of Life occurs within 90 days after the date of the accident.

Permanent Total Disability

The Principal Sum is payable in a lump sum, less any other amounts paid or payable under the Specific Loss Accident Indemnity as a result of the same accident, if you, while gainfully employed, become totally disabled and the following conditions are met:

1. The disability results from an Injury occurring prior to age 65.
2. The disability commences within 365 days of the accident.
3. The disability prevents you from engaging in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience.
4. The disability has continued for 12 consecutive months, remains total and is deemed to be permanent at the end of such period.

Family Transportation

If any Loss covered under the Specific Loss Accident Indemnity confines you or your Insured Dependent(s) to a hospital and such hospital is located more than 150 km from normal residence, this benefit will refund expenses incurred by any Members of your Immediate Family for hotel accommodation and transportation (via the most direct route) to the hospital bedside, up to a maximum of \$10,000. Private transportation expenses are limited to \$0.20 per km travelled.

Payment is not made for board or other ordinary living, travelling or clothing expenses.

Identification

If you or an Insured Dependent sustain accidental Loss of Life, and the police require the identification of the body by a Member of the Immediate Family, and indemnity for Loss of Life subsequently becomes payable under the Policy, we will refund expenses incurred by such family member for:

- accommodation and board (up to a maximum of 3 consecutive nights) while en route and/or during the stay in the city or town where the body is located, and
- transportation via the most direct route to this location, provided this location is not less than 150 km from the family member's usual residence.

Private transportation expenses are limited to \$0.20 per km travelled and the total maximum refundable for all expenses is limited to \$5,000.

Common Disaster

If you and your Insured Spouse both sustain accidental Loss of Life which becomes payable under the program as the result of a "Common Accident", your Spouse's amount of coverage will be increased to the same level as yours to a combined program maximum of \$1,000,000.

"Common Accident" means the same accident or separate accidents occurring within the same 24 hour period.

Seat Belt

If, at the time of the accident, you or your Insured Dependent(s) were wearing a properly fastened seat belt and driving or riding in a "vehicle" driven by a driver who has a valid driver's license and who was neither "intoxicated" nor under the "influence of drugs" (unless taken as prescribed by a physician), and a Loss becomes payable under the Specific Loss Accident Indemnity, the applicable amount of Principal Sum will be increased by 10% for those wearing a seat belt, subject to a maximum of \$25,000, which maximum is in combination with the Seat Belt benefit maximum provided under any other policy issued to Health Association Nova Scotia by the Insurer.

"Intoxicated" and "being under the influence of drugs" is as defined by the jurisdiction in which the accident occurs.

"Vehicle" means a passenger car, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorized vehicle used by municipal, provincial or federal police forces.

Home Alteration and Vehicle Modification Expenses

If you or your Insured Dependent(s) sustain the Loss of or Loss of Use of Both Feet or Legs or become Quadriplegic, Paraplegic or Hemiplegic, for which indemnity is payable under the Policy, and subsequently require the use of a wheelchair to be ambulatory, we will pay the reasonable and necessary expenses actually incurred within 3 years of the date of the accident causing such Loss for:

- the cost of alterations to your principal residence and/or
- the cost of modifications to one motor vehicle utilized by you or an Insured Dependent, when such modifications are approved by licensing authorities where required; for the purpose of making them wheelchair accessible.

Payment by the Insurer for the total of all expenses incurred by or for any Insured Person will not exceed \$10,000 as the result of anyone accident.

Hospital Indemnity

If any Loss covered under the Specific Loss Accident Indemnity section of the policy confines you or your Insured Dependent(s), to a hospital and such person is under the regular care and attendance of a physician, you will receive a daily benefit of 1/30th of 1 % of your Principal Sum from the 1st day of hospitalization, up to a maximum of \$2,500 per month and for a maximum duration of 365 days per accident.

Hospitalization required for treatment of any Injury other than for a Specific Loss is also covered in accordance with the above terms, provided such hospitalization begins within 365 days of the date of the accident which caused the Injury and insurance is in force. The daily benefit is payable from the 1st day of hospitalization if the Insured Person is hospitalized for at least 4 days.

Hospitalization is either a single uninterrupted confinement in a Hospital or several successive confinements in a Hospital as a result of the same accident, provided each such confinement is separated by a period of less than 90 consecutive days. All confinements must occur within 730 days of the date of the accident.

Only one hospitalization, as defined above, will be payable for all Injuries sustained by the Insured Person as the result of the same accident.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of 1 or more Physicians available at all times and which continuously provides 24 hour nursing service by graduate registered nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, hospital will include a facility or part of a facility used for rehabilitative care.

Extension of Family Coverage

In the event of your death from any cause, coverage for your Insured Dependent(s) will be continued without payment of premium for a period of 6 months.

Cosmetic Disfigurement

If you or an Insured Dependent suffer cosmetic disfigurement due to a burn, the Insurer will pay the Cosmetic Disfigurement benefit provided that such burn is classified as a third degree burn.

The amount of benefit payable under this section is based on the percentage of the Principal Sum, as shown in the Cosmetic Burn Schedule, which is determined by the Area Classification factor times the percentage of body surface actually burned.

Maximum allowable percentage for body surface burned, as shown in the following Cosmetic Burn Schedule, is based on 100% of the specific body part being burned. The attending physician will determine the actual percentage applicable to each burn.

If you suffer burns to more than one body part as a result of anyone accident, benefits payable for all such burns will not exceed 100% of the Principal Sum.

Cosmetic Burn Schedule			
Body Part	Area Classification Factor	Maximum Allowable% for Body Surface Burned	Maximum% of Principal Sum Payable
Face, Neck, Head	11	9.0%	99.9%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower leg - below knee (Right)	3	9.0%	27.0%
Lower leg - below knee (Left)	3	9.0%	27.0%

Aircraft Coverage

You and your Insured Dependent(s) are covered while riding as a passenger, but not as a pilot, operator or member of the crew, in any aircraft provided the aircraft has a current and valid certificate of airworthiness and is flown by a licensed pilot, except any aircraft that is owned, operated or leased by or on behalf of Health Association Nova Scotia or your employer. You and your Insured Dependent(s) are also covered while flying as a passenger in any military aircraft and when boarding or alighting from or struck by any aircraft.

Exposure and Disappearance

If, by reason of an accident covered by this program, you or your Insured Dependent(s) are unavoidably exposed to the elements and such exposure results in a covered Loss, such Loss will be covered.

If you or your Insured Dependent(s) are not found within one year of the disappearance, sinking or wrecking of a conveyance in which you or your Insured Dependent(s) were riding at the time of the accident, it will be presumed you or your Insured Dependent(s) have suffered Loss of Life resulting from bodily Injury caused by an accident.

Reference: Policy