

Canadian Dental Hygienists Association (CDHA)

INSURANCE PROGRAM

**Attention
graduates!**

Look inside for
a special offer
on page 28.



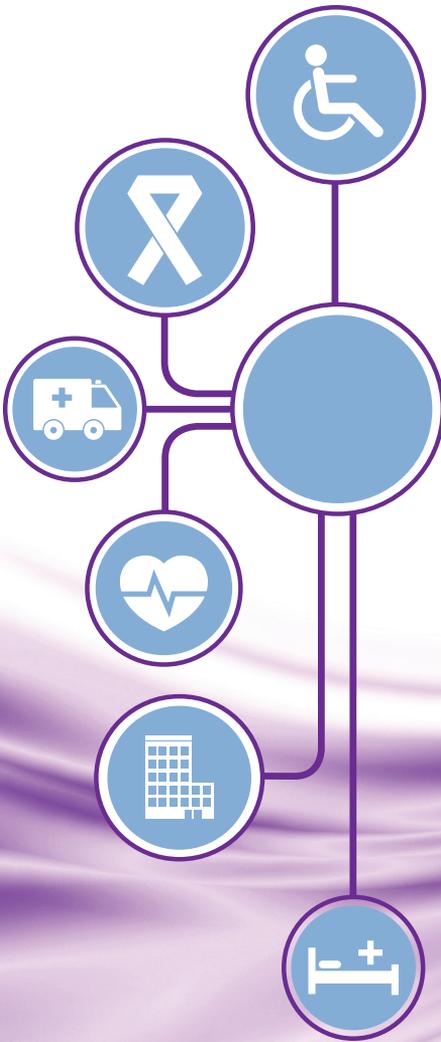
Life Insurance | Long Term Disability Insurance
Critical Illness Insurance | Extended Health Care Insurance | Dental Care Insurance
Accidental Death and Dismemberment Insurance | Office Overhead Expense Insurance

Sun 
Life Financial


CDHA
ACHD

THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION

L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRE



A comprehensive insurance plan for all CDHA members

For more than 50 years, the Canadian Dental Hygienists Association (CDHA) has acted as a strong voice to promote and protect the interests of dental hygienists across Canada. In collaboration with Sun Life Assurance Company of Canada, the CDHA has developed a package of comprehensive benefits to meet the unique needs of its members across Canada.

The plan combines the flexibility of an individual plan with the cost advantage of a group plan, while offering a full array of protection benefits.



This section is for all dental hygienists

The Program

This program combines the flexibility of an individual plan with the cost advantage of a group plan. It offers a full array of benefits, including:

- Long Term Disability (LTD) Insurance
- Critical Illness (CI) Insurance
- Term Life Insurance
- Extended Health Care (EHC) Insurance
- Dental Care Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Office Overhead Expense (OOE) Insurance

Who is eligible?

This plan has been developed exclusively for members of CDHA. You are eligible to apply for coverage if you are:

- a CDHA member in good standing (membership is required for the coverage to remain in force);
- under age 65 (age 60 for Office Overhead Expense Insurance);
- a resident of Canada; and
- actively at work for at least 18 hours a week for Long Term Disability Insurance, Critical Illness Insurance and Office Overhead Expense Insurance.

Evidence of good health

All coverage is subject to medical underwriting. You will need to provide evidence of good health by completing a medical questionnaire. In the case of Long Term Disability Insurance, you will also be required to provide answers to financial and employment questions.

Protection for yourself and your family at a glance

Insurance product	Coverage available for
Life	Member, spouse and dependent child(ren)
Long Term Disability (LTD)	Member only
Critical Illness (CI)	Member, spouse and dependent child(ren)
Extended Health Care (EHC)**	Single, single and one dependent child, couple* or family (members must be covered under provincial health insurance)
Dental Care**	Single, single and one dependent child, couple* or family (members must be covered under provincial health insurance and have EHC coverage)
Accidental Death and Dismemberment	Single or family
Office Overhead Expense	Member only

* Couple coverage covers a CDHA member and their spouse.

** Quebec residents must also have and continue to have health and drug coverage through a group benefit plan or through Régie de l'assurance maladie du Québec (RAMQ). A person not covered under a group benefit plan or through RAMQ, is not eligible for coverage under this policy.

Spouse means your spouse by marriage or under any other formal union recognized by law; or a person of the opposite sex or of the same sex who is publicly represented as your spouse for a period of at least 12 months. You can only cover one spouse at a time. Discontinuance of cohabitation terminates the eligibility of a common-law spouse. You must also have coverage in order to obtain spouse coverage.

Dependent child(ren) means child(ren) who are not married or in any other formal union recognized by law, dependent on you or your spouse for support, and are under the age of 21 (age 25 if the dependent is a full-time student – age 26 in Quebec), including adopted children and stepchildren, or children of any age if incapable of supporting themselves because of physical or mental disability. Once you opt for family coverage, newborn infants are automatically covered. You must also have coverage in order to obtain dependent child coverage.

Life Insurance



Consider how your family would cope if you passed away and were no longer there to take care of them. The economic realities would soon set in: bills, mortgage payments, taxes and funeral costs, not to mention everyday living expenses.

CDHA's Life Insurance plan offers affordable rates so you can help protect your family's financial future.

Coverage

Coverage is available in units of \$10,000 with a minimum of \$30,000 and a maximum of \$500,000.

If you apply for coverage, you can also apply for coverage for:

- your spouse (amount cannot exceed your coverage); and
- your dependent child(ren) (fixed amount of \$1,000/child for children under 15 days and \$10,000/child for children 15 days and older).

Waiver of premium

If you become totally disabled before you reach age 65, your Life Insurance coverage may continue without the payment of premiums as long as you are totally disabled. For the purposes of Life Insurance coverage, you will be considered totally disabled if you are prevented from performing any occupation you are or may become reasonably qualified for by education, training or experience. You must be totally disabled for 180 days.

Conversion

If your Life Insurance, or your spouse's Life Insurance coverage ends for any reason other than your request, you or your spouse may apply to convert the coverage up to a maximum of \$200,000 or the amount stipulated in any applicable legislation if greater, to an individual Term Life policy with Sun Life without providing proof of good health at the time of application. The request must be made within 31 days of the end of the CDHA Life Insurance coverage and prior to age 66.

Exclusions

No benefits are payable for a death which occurs before insurance under this benefit has been in effect continuously for two years with respect to the deceased, if death results directly or indirectly from suicide, or self-inflicted injuries while sane or insane.

If the Life Insurance is subject to more than one effective date due to additional amounts having been applied for on the deceased, the two-year period will run separately from each effective date.



Long Term Disability (LTD) Insurance

Your ability to earn an income is one of your most important assets. What would happen if you couldn't work due to illness or injury? Would you be able to continue covering your living expenses if you weren't receiving a paycheck?

You can help protect your professional income with CDHA's Long Term Disability (LTD) Insurance. It's designed to help replace your lost income to help you pay those bills that don't stop coming when you stop working.

Coverage

Only CDHA members are eligible to apply.

The minimum benefit is \$500 per month. Coverage can be purchased in units of \$100 to a maximum coverage of \$5,000 per month. The amount of coverage that you can apply for depends on your net annual earned income (see the income ratio guide page 7).

To be eligible for coverage you must be under 65 years of age and working a minimum of 18 hours a week.

Maximum benefit period

Disability benefits are payable to age 65.

Elimination periods

The elimination period is the amount of time you must be totally disabled before LTD Insurance benefits become payable. Generally, the longer the elimination period, the lower the premium. You can choose a 45-day, 60-day or 120-day elimination period.

Waiver of premium

Your LTD premiums will be waived if you have not reached age 65 and you are receiving disability benefits.

Definition of Total Disability

During the elimination period and for the first 24 months, you are considered totally

disabled if sickness or injury prevents you from performing the essential duties of your regular occupation, you are under the regular care of a physician and you are not gainfully employed elsewhere except as permitted under the Work Re-Entry program.

After 24 months, you are considered totally disabled if illness or injury prevents you from working at any occupation (this definition changes if you purchase the own occupation rider) for which you are qualified by education, training or experience, you are under the regular care of a physician and are not gainfully employed elsewhere except as permitted under the Work Re-Entry program.

Other features

Residual Disability Benefit

If you return to your own occupation on a limited basis, after a period of total disability, or are able to work at another job, but you suffer a loss of average monthly earned income of 20% or more, a residual disability benefit may be available. It is equal to the percentage of the lost income, for a period of up to 24 months.

Average monthly earned income is the highest average of your monthly income for any consecutive 12 months within the 24-month period immediately prior to the date you become totally disabled.

Work Re-entry Benefit

This benefit is designed to allow you, after becoming totally disabled, to resume work or to be retrained and still be eligible for benefits. If you participate in an approved work re-entry program and continue to receive medical treatment for the disability, you will be eligible for the work re-entry benefit following the elimination period. The total amount received, including the work re-entry benefits, income from all integration sources and income earned from the work re-entry program, will not exceed 100% of your earned income in the year immediately preceding the year in which disability commenced.

Recurrent Disability Benefit

If total disability from the same or related cause recurs within six months of returning to work following a period of total disability payments will resume without having to re-satisfy the elimination period.

Presumptive Disability Benefit

As a result of an injury or sickness, if you totally and irreversibly lose the power of speech, sight in both eyes, hearing in both ears or the use of both hands or both feet, you will be considered totally disabled whether or not you are able to work or require the regular care of a physician. You will qualify for the benefits following the elimination period.

Survivor Benefit

If you die during a period of total disability following the elimination period, a survivor benefit of three times the last month's disability benefit is payable to your surviving spouse, or to your estate.

Automatic Coverage for HIV and Hepatitis B or Hepatitis C

If you test positive for HIV, Hepatitis B or Hepatitis C, are in an asymptomatic infection state and are required by the government or licensing authority to disclose this condition to patients and to limit your practice, but are not considered totally disabled, you may be eligible for a residual disability benefit.

Optional riders

Enhance your LTD coverage by adding one or both of the following optional riders:

Own Occupation Rider

This is an option for members under age 50. Total disability benefits are payable to age 65 if sickness or injury prevents you from performing the essential duties of your own occupation, you are not gainfully employed elsewhere and are under the regular care of a Physician. This rider replaces the 24-month total disability definition except as permitted under the Work Re-Entry Benefit.

Cost of Living Adjustment (COLA) Rider

The COLA Rider keeps disability benefits in step with inflation. It increases your benefit each year by the increase in the Consumer Price Index, up to five per cent, to protect your purchasing power during a lengthy disability. COLA applies after the member is disabled for a continuous period of 12 months.

Monthly benefit payout

The amount of disability benefits payable will be the amount for which you are insured on the date you become disabled, reduced by any benefit payable as a result of your disability under any other income sources, including CPP/QPP; Workers' Compensation and automobile insurance benefits; payment or income from any employer, retirement benefits, or disability benefits for the same or related disability, under any other association, group or individual insurance plans; but only to the extent necessary so that total income from all sources does not exceed 85% of your average monthly pre-disability earned income.

Income ratio guide

You may select a monthly LTD Insurance benefit starting at \$500 per month to a maximum as shown in the chart, depending upon your net annual earned income.

Earned income means your salary, fees, commissions and bonuses and any other income earned for services performed less any business expenses. Earned income does not include income from deferred compensation plans, disability policies, retirement plans or any payments, such as interest or dividends, which is not related to the performances of services.

Exclusions

No benefits are payable for any disability resulting from:

- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or act of civil disobedience;
- intentionally self-inflicted injury;
- committing or attempting to commit a criminal offence; or
- uncomplicated pregnancy.

Payment of benefits is also excluded during any period of confinement in a prison or similar institution.

Income ratio guide	
Annual income	Monthly benefit amount
\$12,000 - \$15,000	\$500
\$15,000 - \$17,999	\$900
\$18,000 - \$23,999	\$1,100
\$24,000 - \$30,999	\$1,400
\$31,000 - \$35,999	\$1,700
\$36,000 - \$44,999	\$2,000
\$45,000 - \$59,999	\$2,400
\$60,000 - \$71,999	\$3,000
\$72,000 - \$83,999	\$3,400
\$84,000 - \$95,999	\$3,800
\$96,000 - \$109,999	\$4,200
\$110,000 - \$119,999	\$4,600
\$120,000 - \$129,999	\$4,800
\$130,000 +	\$5,000

The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy issued by Sun Life Assurance Company of Canada. All claims must be approved by Sun Life Financial.

Critical Illness (CI) Insurance



Medical advances are improving the probability of survival from a critical illness, but that survival is often followed by a lengthy – and costly – recovery. Have you considered the financial impact a critical illness would have on you and your family?

Critical Illness Insurance complements your disability, life and health benefits. It pays a one-time benefit if you are diagnosed with one of the 25 covered critical illnesses and you survive the survival period.* This plan is designed to help give you peace of mind and help provide financial security so you can focus on what matters most – recovering on your terms.

Critical Illness Insurance:

- is paid in a lump-sum* which you can spend any way you like;
- can help you with daily expenses to maintain your lifestyle;
- is paid to you regardless of whether or not you are able to work;
- gives you financial freedom to seek alternative treatment options;
- helps cover costs not paid by your provincial health plan.

Coverage

Member and spouse: Coverage is available in units of \$10,000 with a minimum of \$30,000 and a maximum of \$300,000. The benefit is payable on the first insured condition only and then coverage terminates with this payment or at age 70.

To be eligible for coverage you and your spouse must be under 65 years of age and you must be working a minimum of 18 hours a week.

Child coverage: Coverage is also available in units of \$5,000 with a minimum of \$5,000 and a maximum of \$20,000 for your dependent child(ren).

Covered adult illnesses

Aortic Surgery	Loss of Independent Existence
Aplastic Anemia	Loss of Limbs
Bacterial Meningitis	Loss of Speech
Benign Brain Tumour	Major Organ Failure on Waiting List
Blindness	Major Organ Transplant
Cancer (Life-threatening)	Motor Neuron Disease
Coma	Multiple Sclerosis
Coronary Artery Bypass Surgery	Occupational HIV Infection
Deafness	Paralysis
Dementia, including Alzheimer's Disease	Parkinson's Disease and
Heart Attack	Specified Atypical Parkinsonian Disorders
Heart Valve Replacement or Repair	Severe Burns
Kidney Failure	Stroke (cerebrovascular accident)

Covered child(ren) illnesses

Cerebral Palsy	Down's Syndrome
Congenital Heart Disease	Muscular Dystrophy
Cystic Fibrosis	Type 1 Diabetes Mellitus

*Diagnosis of a critical illness such as cancer, heart attack or stroke must occur after the effective date of coverage, you must complete a survival period (usually 30 days) and your claim must be approved by Sun Life Assurance Company of Canada.

Critical illness definitions

Covered illness	Adult
Aortic Surgery	<p>Aortic Surgery means the undergoing of Surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The Surgery must be determined to be medically necessary by a Specialist Physician. The Insured must survive for 30 days following the date of Surgery.</p> <p><i>Exclusion:</i> No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>
Aplastic Anemia	<p>Aplastic Anemia means a definite Diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:</p> <ol style="list-style-type: none"> marrow stimulating agents; immunosuppressive agents; or bone marrow transplantation. <p>The Diagnosis of aplastic anemia must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
Bacterial Meningitis	<p>Bacterial Meningitis means a definite Diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days following the date of Diagnosis. The Diagnosis of bacterial meningitis must be made by a Specialist Physician. The Insured must survive for 90 days following the date of Diagnosis.</p> <p><i>Exclusion:</i> No benefit will be payable under this condition for viral meningitis.</p>
Benign Brain Tumour	<p>Benign Brain Tumour means a definite Diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficit(s).</p> <p>The Diagnosis of benign brain tumour must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p> <p><i>Exclusions:</i> No benefit will be payable under this condition for pituitary adenomas less than 10 mm.</p> <p>No benefit will be payable for a recurrence or metastasis of an original tumour which was Diagnosed prior to the effective date of coverage.</p> <p><i>Moratorium period exclusion:</i> No benefit will be payable under this condition and the Insured's coverage for benign brain tumour will terminate if within the first 90 days following the later of:</p> <ol style="list-style-type: none"> the date the application for this coverage was signed; or the effective date of the Insured's coverage,

Covered illness	Adult
<p>Benign Brain Tumour (continued)</p>	<p>the Insured has any of the following:</p> <ul style="list-style-type: none"> a) signs, symptoms or investigations that lead to a Diagnosis of benign brain tumour (covered or excluded under this policy), regardless of when the Diagnosis is made; or b) a Diagnosis of benign brain tumour (covered or excluded under this policy). <p>While the Insured's insurance for benign brain tumour terminates, insurance for all other covered conditions remains in force.</p> <p>Medical information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within 6 months of the date of Diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for benign brain tumour or, any Critical Illness caused by any benign brain tumour or its treatment.</p>
<p>Blindness</p>	<p>Blindness means a definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ul style="list-style-type: none"> a) the corrected visual acuity being 20/200 or less in both eyes; or b) the field of vision being less than 20 degrees in both eyes. <p>The Diagnosis of blindness must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
<p>Cancer</p>	<p>Cancer (Life-threatening) means a definite Diagnosis of a tumour which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.</p> <p>The Diagnosis of cancer must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p> <p><i>Exclusions:</i></p> <p>No benefit will be payable for a recurrence or metastasis of an original cancer which was Diagnosed prior to the effective date of coverage.</p> <p>No benefit will be payable under this condition for the following:</p> <ul style="list-style-type: none"> a) lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in situ (Tis), or tumours classified as Ta; b) malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis; c) any non-melanoma skin cancer, without lymph node or distant metastasis; d) prostate cancer classified as T1a or T1b, without lymph node or distant metastasis; e) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis; f) chronic lymphocytic leukemia classified less than Rai stage 1; or g) malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2. <p><i>Moratorium period exclusion:</i></p> <p>No benefit will be payable under this condition and the Insured's coverage for cancer will terminate if within the first 90 days following the later of:</p> <ul style="list-style-type: none"> a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage,

Covered illness	Adult
Cancer (continued)	<p>the Insured has any of the following:</p> <p>a) signs, symptoms or investigations, that lead to Diagnosis of cancer (covered or excluded under this policy), regardless of when the Diagnosis is made; or</p> <p>b) a Diagnosis of cancer (covered or excluded under this policy).</p> <p>While the Insured's insurance for cancer terminates, insurance for all other covered conditions remains in force.</p> <p>Medical information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within 6 months of the date of the Diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for cancer or, any Critical Illness caused by any cancer or its treatment.</p> <p>For purposes of this policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.</p> <p>For purposes of this policy, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.</p>
Coma	<p>Coma means a definite Diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less.</p> <p>The Diagnosis of coma must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p> <p><i>Exclusions:</i></p> <p>No benefit will be payable under this condition for:</p> <p>a) a medically induced coma;</p> <p>b) a coma which results directly from alcohol or drug use; or</p> <p>c) a Diagnosis of brain death.</p>
Coronary Artery Bypass Surgery	<p>Coronary Artery Bypass Surgery means the undergoing of heart Surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s).</p> <p>The Surgery must be determined to be medically necessary by a Specialist Physician. The Insured must survive for 30 days following the date of Surgery.</p> <p><i>Exclusion:</i></p> <p>No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>
Deafness	<p>Deafness means a definite Diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.</p> <p>The diagnosis of deafness must be made by a specialist physician. The insured must survive for 30 days following the date of diagnosis.</p>

Covered illness	Adult
<p>Dementia, including Alzheimer's Disease</p>	<p>Dementia, including Alzheimer's Disease means a definite Diagnosis of a progressive deterioration of memory and at least one of the following areas of cognitive function:</p> <ul style="list-style-type: none"> a) aphasia (a disorder of speech); b) apraxia (difficulty performing familiar tasks); c) agnosia (difficulty recognizing objects); or d) disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor and stop complex behaviour), which is affecting daily life. <p>The Insured must exhibit:</p> <ul style="list-style-type: none"> a) dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and b) evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6 month period. <p>The Diagnosis of dementia must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p> <p><i>Exclusion:</i> No benefit will be payable under this condition for affective or schizophrenic disorders or delirium.</p> <p>For purposes of this policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189.</p>
<p>Heart Attack</p>	<p>Heart Attack means a definite Diagnosis of the death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> a) heart attack symptoms; b) new electrocardiogram (ECG) changes consistent with a heart attack; or c) development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>The Diagnosis of heart attack must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p> <p><i>Exclusions:</i> No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> a) elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or b) ECG changes suggesting a prior myocardial infarction, which does not meet the heart attack definition as described above.
<p>Heart Valve Replacement or Repair</p>	<p>Heart Valve Replacement or Repair means the undergoing of Surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities.</p> <p>The Surgery must be determined to be medically necessary by a Specialist Physician. The Insured must survive for 30 days following the date of Surgery.</p> <p><i>Exclusion:</i> No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>

Covered illness	Adult
Kidney Failure	<p>Kidney Failure means a definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.</p> <p>The Diagnosis of kidney failure must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
Loss of Independent Existence	<p>Loss of Independent Existence means a definite Diagnosis of the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.</p> <p>Activities of daily living are:</p> <ul style="list-style-type: none"> a) bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices; b) dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;; c) toileting – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices; d) bladder and bowel continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained; e) transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and f) feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices. <p>The Diagnosis of loss of independent existence must be made by a Specialist Physician. No additional Survival Period is required once the conditions described above are satisfied.</p>
Loss of Limbs	<p>Loss of Limbs means a definite Diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.</p> <p>The Diagnosis of loss of limbs must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
Loss of Speech	<p>Loss of Speech means a definite Diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days.</p> <p>The Diagnosis of loss of speech must be made by a Specialist Physician. No additional Survival Period is required once the conditions described above are satisfied.</p> <p><i>Exclusion:</i> No benefit will be payable under this condition for any psychiatric related causes.</p>

Covered illness	Adult
<p>Major Organ Failure on Waiting List</p>	<p>Major Organ Failure on Waiting List means a definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the Insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant Surgery.</p> <p>For the purposes of the Survival Period, the date of Diagnosis is the date of the Insured's enrolment in the transplant centre.</p> <p>The Diagnosis of major organ failure must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
<p>Major Organ Transplant</p>	<p>Major Organ Transplant means a definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the Insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.</p> <p>The Diagnosis of major organ failure must be made by a Specialist Physician. The Insured must survive for 30 days following the date of the transplant.</p>
<p>Motor Neuron Disease</p>	<p>Motor Neuron Disease means a definite Diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions.</p> <p>The Diagnosis of motor neuron disease must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
<p>Multiple Sclerosis</p>	<p>Multiple Sclerosis means a definite Diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> a) two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or b) well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI of the nervous system, showing multiple lesions of demyelination; or c) a single attack, confirmed by repeated MRI of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart. <p>The Diagnosis of multiple sclerosis must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p>
<p>Occupational HIV Infection</p>	<p>Occupational HIV Infection means a definite Diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Insured's normal occupation, which exposed the Insured to HIV contaminated body fluids.</p> <p>The accidental injury leading to the infection must have occurred after the later of:</p> <ul style="list-style-type: none"> a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage.

Covered illness	Adult
Occupational HIV Infection (continued)	<p>Payment under this condition requires satisfaction of all of the following:</p> <ul style="list-style-type: none"> a) the accidental injury must be reported to the Company within 14 days of the accidental injury; b) a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative; c) a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive; d) all HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and e) the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines. <p>The Diagnosis of occupational HIV infection must be made by a Specialist Physician. The Insured must survive for 30 days following the date of the second serum HIV test described above.</p> <p><i>Exclusions:</i> No benefit will be payable under this condition if:</p> <ul style="list-style-type: none"> a) the Insured has elected not to take any available licensed vaccine offering protection against HIV; b) a licensed cure for HIV infection has become available prior to accidental injury; or c) HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.
Paralysis	<p>Paralysis means a definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.</p> <p>The Diagnosis of paralysis must be made by a Specialist Physician. The Insured must survive for 90 days following the precipitating event.</p>
Parkinson's Disease and Specified Atypical Parkinsonian Disorders	<p>Parkinson's disease means a definite Diagnosis of primary Parkinson's disease, a permanent neurologic condition which is characterized by Bradykinesia (slowness of movement) and at least one of: muscular rigidity or rest tremor. The Insured must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's disease.</p> <p>Specified atypical Parkinsonian disorders means a definite Diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.</p> <p>The Diagnosis of Parkinson's disease or a specified atypical Parkinsonian disorder must be made by a neurologist or a Specialist Physician. The Insured must satisfy the above conditions and survive for 30 days following the date all these conditions are met.</p> <p><i>Exclusions:</i> No benefit will be payable for Parkinson's disease or specified atypical Parkinsonian disorders if, within the first year following the later of:</p> <ul style="list-style-type: none"> a) the date the application for this coverage was signed; or b) the effective date of the Insured's coverage,

Covered illness	Adult
<p>Parkinson's Disease and Specified Atypical Parkinsonian Disorders (continued)</p>	<p>the Insured has any of the following:</p> <ul style="list-style-type: none"> a) signs, symptoms or investigations that lead to a Diagnosis of Parkinson's disease, a specified atypical Parkinsonian disorder or any other type of Parkinsonism (covered or excluded under this policy), regardless of when the Diagnosis is made; or b) a Diagnosis of Parkinson's disease, a specified atypical Parkinsonian disorder or any other type of Parkinsonism (covered or excluded under this policy). <p>No benefit will be payable under Parkinson's disease or specified atypical Parkinsonian disorders for any other type of Parkinsonism.</p> <p>Medical information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within 6 months of the date of the Diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Parkinson's disease or specified atypical Parkinsonian disorders or, any Critical Illness caused by Parkinson's disease or specified atypical Parkinsonian disorders or its treatment.</p>
<p>Severe Burns</p>	<p>Severe Burns means a definite Diagnosis of third-degree burns over at least 20% of the body surface.</p> <p>The Diagnosis of severe burns must be made by a Specialist Physician. The Insured must survive for 30 days following the date the severe burn occurred.</p>
<p>Stroke</p>	<p>Stroke (cerebrovascular accident) means a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:</p> <ul style="list-style-type: none"> a) acute onset of new neurological symptoms; and b) new objective neurological deficits on clinical examination <p>persisting for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.</p> <p>The Diagnosis of stroke must be made by a Specialist Physician. The Insured must survive for 30 days following the date of Diagnosis.</p> <p><i>Exclusions:</i></p> <p>No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> a) transient ischaemic attacks; b) intracerebral vascular events due to trauma; or c) lacunar infarcts which do not meet the definition of stroke as described above.

Covered illness	Child(ren)
Cerebral Palsy	<p>Cerebral Palsy means a definite Diagnosis of a non-progressive neurological defect affecting muscle control. This defect is characterized by spasticity and incoordination of movements.</p> <p>The Diagnosis of cerebral palsy must be made by a Specialist Physician.</p> <p>The Insured Dependent Child must survive for 30 days following the date of Diagnosis.</p>
Congenital Heart Disease	<p>Congenital Heart Disease means a definite Diagnosis of at least one of the covered heart conditions described below. It also means the specific conditions described below for which open heart Surgery is performed to correct the condition.</p> <p>Covered heart conditions:</p> <ol style="list-style-type: none"> coarctation of the aorta; Ebstein's anomaly; Eisenmenger syndrome; Tetralogy of Fallot; transposition of the great vessels. <p>The Diagnosis of the heart condition must be made by a Specialist Physician and supported by cardiac imaging acceptable to the Company. The Insured Dependent Child must survive for 30 days following the date of Diagnosis.</p> <p>Covered heart conditions if open heart Surgery is performed (these heart conditions are covered only if open heart Surgery is performed to correct at least one of them):</p> <ol style="list-style-type: none"> aortic stenosis; atrial septal defect; discrete subvalvular aortic stenosis; pulmonary stenosis; ventricular septal defect. <p>Procedures not covered by this definition are:</p> <ol style="list-style-type: none"> percutaneous atrial septal defect closure; trans-catheter procedures which include balloon valvuloplasty. <p>The Diagnosis of the heart condition must be made and the Surgery must be recommended and performed by a Specialist Physician and supported by cardiac imaging acceptable to the Company. The Insured Dependent Child must survive for 30 days following the date of Surgery.</p>
Cystic Fibrosis	<p>Cystic Fibrosis means a definite Diagnosis of cystic fibrosis where the Insured Dependent Child has chronic lung disease and pancreatic insufficiency.</p> <p>The Diagnosis of cystic fibrosis must be made by a Specialist Physician.</p> <p>The Insured Dependent Child must survive for 30 days following the date of Diagnosis.</p>

Covered illness	Child(ren)
Down's Syndrome	<p>Down's Syndrome means a definitive Diagnosis of Down's syndrome supported by chromosomal evidence of Trisomy 21.</p> <p>The Diagnosis of Down's syndrome must be made by a Specialist Physician. The Insured Dependent Child must survive for 30 days following the date of Diagnosis.</p>
Muscular Dystrophy	<p>Muscular Dystrophy means a definite Diagnosis of muscular dystrophy where the Insured Dependent Child has well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.</p> <p>The Diagnosis of muscular dystrophy must be made by a Specialist Physician. The Insured Dependent Child must survive for 30 days following the date of Diagnosis.</p>
Type 1 Diabetes Mellitus	<p>Type 1 Diabetes Mellitus means a definite Diagnosis where the Insured Dependent Child has total insulin deficiency and continuous dependence on exogenous insulin for survival. Dependence on insulin must persist for a continuous period of at least 3 months.</p> <p>The Diagnosis of type 1 diabetes mellitus must be made by a Specialist Physician. The Insured Dependent Child must survive for 90 days following the date of Diagnosis.</p>

Exclusions

Benefits are not paid for claims resulting directly or indirectly from:

- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or act of civil disobedience;
- attempted suicide, intentionally self-inflicted injury while sane or any self-inflicted injury while insane;
- committing or attempting to commit a criminal offence;
- the use of illegal or illicit drugs or substances, misuse of drugs or alcohol;
- the death of the insured during the required survival period.

The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy issued by Sun Life Assurance Company of Canada. All claims must be approved by Sun Life Financial.

Extended Health Care (EHC) Insurance



Extended Health Care Insurance coverage is available to help cover a number of important medical expenses that may not be paid by provincial health insurance plans.

As an added convenience, you can access your claims/benefit information with your mobile device or online at mysunlife.ca.

Coverage

Single, single and one dependent child, couple or family coverage is available for the plan year beginning January 1st to December 31st.

To be eligible, member must be covered under provincial health insurance.

Quebec residents must also have and continue to have health and drug coverage through a group benefit plan or through Régie de l'assurance maladie du Québec (RAMQ). A person not covered under a group benefit plan or through RAMQ, is not eligible for EHC coverage under this policy.

Coordination of benefits

If you are covered for EHC under this plan and another plan, your benefits will be coordinated with CDHA following insurance industry standards.

Highlight of coverage options

Coverage details	Option 1	Option 2
Deductible	No deductible	\$100 for single coverage, \$200 for single + one dependent child, couple or family coverage
Major Medical Expenses*	80% of most expenses, including: <ul style="list-style-type: none"> most drugs legally requiring a prescription and life sustaining drugs services performed by health professionals up to \$375 per practitioner per plan year (e.g. massage therapists, physiotherapists, speech therapists, chiropractors, podiatrists/chiropodists, osteopaths, plus one x-ray per year for podiatrists, chiropractors, osteopaths) 	80% of most expenses, including: <ul style="list-style-type: none"> drugs legally requiring a prescription and life sustaining drugs services performed by health professionals up to \$250 per practitioner per plan year (e.g. massage therapists, physiotherapists, speech therapists, chiropractors, podiatrists/chiropodists, osteopaths, plus one x-ray per year for podiatrists, chiropractors, osteopaths)

* Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require the you, your spouse, or your dependent child and the attending physician to complete and submit an exception form.

Some services may require a recommendation from a health care professional.

Highlight of coverage options		
Coverage details	Option 1	Option 2
Vision Care	Up to \$200 every 3-plan years <ul style="list-style-type: none"> Includes coverage for laser correction surgery, purchase of contact lenses or glasses 	No coverage
Hospital	<ul style="list-style-type: none"> Semi-private or private hospital accommodation (up to \$75/day and a maximum continuous stay of 365 days) with 100% co-insurance In-patient hospital charges are not subject to a deductible 	
Medical Services and Equipment	Includes licensed private duty nursing (up to \$25,000 every 3 plan years), ambulance, laboratory tests, prosthetic devices, hearing aids (up to \$500 per lifetime) and orthopaedic alterations (up to \$500 practitioner/ plan year)	
Coverage termination	At age 70	

A complete list of all eligible expenses is available on request.

Applies to all plans

Quebec residents

If you have prescription drug insurance through the Régie de l'assurance maladie du Québec (RAMQ), this means that your prescription drug claims must first be submitted to RAMQ. Any remaining, unpaid portion that is eligible under this policy can then be submitted to us for reimbursement. The coinsurance and deductible that an insured person must pay under their plan with the RAMQ are eligible under this policy.

If you have group drug coverage and are not covered by RAMQ prescription drug insurance, your prescription drug claims must first be submitted to your group policy. Any remaining, unpaid portion that is eligible under this policy can then be submitted to us for reimbursement. If your group drug coverage is with us please contact us to co-ordinate drug benefits between your group policy and this policy. If your group drug coverage ends, you must then obtain RAMQ prescription drug insurance to remain eligible under this policy.

Paying for prescription drugs is easy

With your Pay-Direct drug card there are no paper claim forms to complete and no waiting for a cheque. All you do is present your card and your pharmacy will automatically send the claim electronically to Sun Life allowing the covered amount to be paid directly to your pharmacy. You only have to pay the remainder of the cost, if any, at the pharmacy counter.

With the Pay-Direct program, you are also connected to a network that tracks your drug purchases. This means that your pharmacist can inform you about duplicate medications, early refills, and potential drug interactions.

Submit your claims on the go

With Sun Life's mobile app or [mysunlife.ca](https://www.mysunlife.ca) you can check your coverage, submit benefits claims on the go and receive payment – usually within 48 hours.

Sun Life's mobile app lets you:

- Submit and track claims.
- View full coverage details.
- Use your smartphone as your travel cards.

Exclusions

No benefits are payable for claims resulting directly or indirectly from any of the following:

- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or an act of civil disobedience;
- intentionally self-inflicted injury while sane or any self-inflicted injury while insane;
- committing or attempting to commit a criminal offence;
- missed or cancelled appointments;
- examinations or services required solely for the use of a third party;
- travel to and from appointments;
- care, services or supplies which, in the opinion of the Company's medical consultant, are experimental;
- services for which a charge normally would not have been incurred in the absence of this coverage or for which the claimant is not legally obligated to pay;
- dental treatment except for specified dental injuries;
- acupuncture;
- items for personal comfort or for use in connection with sports or other recreational activities;
- appliances, restorations or treatment procedures related to temporomandibular joint dysfunction;
- care, services or supplies available under Workers' Compensation; or
- care, services or supplies obtained outside Canada.

The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy issued by Sun Life Assurance Company of Canada. All claims must be approved by Sun Life Financial.



Dental Care



As a dental hygienist you know how important a dental care routine is, not only to oral health, but to overall well-being. We are proud to offer you two choices in Dental Care Insurance options to cover your individual needs.

Coverage

Single, single and one dependent child, couple or family coverage is available for the plan year beginning January 1st to December 31st. You can select one of two options to help cover your needs. Both coverage options include basic services such as exams, fillings, and oral surgery as well as major services such as crowns and dentures.

You must be covered under the CDHA's Extended Health Care Insurance program in order to be eligible for Dental Care

Insurance. Dental Care Insurance is available to CDHA members, their spouses and dependent child(ren).

Waiting periods

There is a 3 month waiting period from the time your application is approved until the coverage begins for basic services. There is a 12 month waiting period from the time your application is accepted until coverage begins for major services.

Overview of coverage		
Services covered	Option 1	Option 2
Dental – Basic	<ul style="list-style-type: none"> 80% reimbursement maximum \$1,250 per plan year (includes basic + major) 	<ul style="list-style-type: none"> 80% reimbursement maximum \$800 per plan year (includes basic + major)
	All plans include: <ul style="list-style-type: none"> exams, diagnosis, tests, x-rays, lab exams fillings, scaling and routine extractions space maintainers for children under 12 years of age pit and fissure sealant for children under 19 years of age 9-month recall visits endodontics (root canals) periodontics oral surgery anaesthesias laboratory procedures 	
Dental – Major	<ul style="list-style-type: none"> 50% reimbursement maximum \$1,250 per plan year (includes basic + major) 	<ul style="list-style-type: none"> 50% reimbursement maximum \$800 per plan year (includes basic + major)
	All plans include: <ul style="list-style-type: none"> crowns onlays bridges dentures (and repairs) 	

Overview of coverage

Services covered	Option 1	Option 2
Dental – Orthodontics	<ul style="list-style-type: none"> • 50% reimbursement • \$1,500 lifetime maximum • Orthodontics coverage is limited to dependent children under the age of 19 only 	No coverage

The dental fee guide for the current province of residence is used.

Plan Member Services website

All insured members of the EHC and Dental Insurance plans have access to the Sun Life Financial Plan Member Services website. It provides you with easy access to the information you need and lets you conveniently manage these plans online. Special features allow you to:

- set up a direct deposit for a claim payment;
- print personalized claim forms; and
- view or print details of your claims.

The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy issued by Sun Life Assurance Company of Canada. All claims must be approved by Sun Life Financial.





Accidental Death & Dismemberment (AD&D) Insurance

You can't foresee the occurrence of an accident. In the event of an accident that results in injury or death, CDHA's AD&D Insurance plan is with you all the way. It can provide financial compensation to help you and your family cope with the consequences of your injury or death.

Coverage

The coverage is designed especially for dental hygienists, covering injuries specific to your profession such as the loss of an index finger. Single and family coverage is available.

- Coverage is available in units of \$10,000 with a minimum of \$30,000 and a maximum of \$500,000. Your AD&D Insurance coverage cannot exceed the greater of \$200,000 or twice the amount you have chosen for your Life insurance coverage.
- Coverage terminates at age 65.
- You can insure yourself only or yourself and your family. When you select family coverage, your family will become insured as follows:
 - If you do not have dependent children, your spouse will be insured for 50% of the benefit you have selected for yourself. If you and your spouse have dependent children, your spouse will be insured for 40% of your benefit and each dependent child, regardless of the number, will be insured for 10% of your benefit, to a maximum of \$50,000 per child. If you do not have a spouse, each dependent child will be insured for 20% of your benefit up to a maximum of \$50,000 per child.

The amount that we will pay is a percentage of the Accidental Death and Dismemberment coverage. The percentage depends on the loss suffered. The following table shows the percentages we use to determine the payment.

Table of Losses	Amount Payable (% of Principal Sum)
Loss of life	100%
Loss of one or both arms or hands	100%
Loss of both feet	100%
Loss of sight of both eyes	100%
Loss of one foot and sight of one eye	100%
Loss of speech and hearing in both ears	100%
Loss of one hand and one foot	100%
Loss of use of one or both hands or arms	100%
Loss of use of both feet or legs	100%
Loss of use of both arms or both legs	100%
Loss of thumb or index finger of either hand	100%
Loss of use of thumb or index finger of either hand	100%
Loss of one leg or one foot or sight of one eye	75%
Loss of use of one leg	75%
Loss of hearing, both ears	75%
Loss of speech	75%

Table of Losses	Amount Payable (% of Principal Sum)
Loss of use of one foot	75%
Four fingers on same hand	33 1/3%
Loss of four toes on the same foot	25%
Loss of hearing, one ear	25%
Loss of joint between two phalanges or phalange of thumb or index finger of dominant hand	10%
Loss of use of joint between two phalanges or phalange of thumb or index finger of dominant hand	10%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

Repatriation benefit

If you die as a direct result of an accident 100 kilometres or more from home, your coverage will pay up to \$10,000 for the preparation and transportation of your body for burial or cremation within 365 days of the accident.

Work re-entry benefit

If you or your spouse suffer a loss other than a loss of life, and you or your spouse receive an AD&D benefit payment, you or your spouse may be eligible for a work re-entry benefit of up to \$10,000 as long as the work re-entry program is approved by Sun Life Assurance Company of Canada and you are under the age of 65.

Exclusions

No benefit will be paid for any loss directly or indirectly due to or resulting from one or more of the following:

- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or act of civil disobedience;
- suicide or intentionally self-inflicted injury;
- committing or attempting to commit a criminal offence;
- you, your spouse, or dependent child riding as a passenger in, alighting from, or boarding an aircraft while operating, learning to operate, or servicing as a member of a crew of an aircraft or while crop dusting, crop spraying, seeding, sky-diving, racing, testing exploration or any other purpose except transportation; or
- full-time service in the armed forces of any country.

Office Overhead Expense (OOE) Insurance



Running your own practice is a great opportunity. But what if you were to become temporarily disabled or seriously ill? How would you cover those costs? That's where Office Overhead Expense (OOE) Insurance comes in. This plan will provide reimbursement for incurred expenses in the normal operation of a business, allowing you to concentrate on your recovery rather than worrying about the financial stability of your business or how you are going to pay expenses such as rent or your employees' salaries.

Coverage

Office Overhead Expense Insurance is available to CDHA members to cover the normal costs of running a business in the case of total disability. The practice must be outside the home.

Coverage is available in units of \$100, from a minimum of \$500 to a maximum of \$10,000 per month (if you choose the 30-day elimination period or \$5,000 per month if you choose the 14-day elimination period) and is not linked to income.

You must be 60 years of age and work a minimum of 18 hours a week to be eligible for coverage.

Elimination period

The elimination period is the amount of time you must be totally disabled before OOE Insurance benefits become payable. You can choose a 14-day or 30-day elimination period.

Recurrent Disability Benefit

The elimination period can be satisfied with intermittent periods of disability from the same or related cause within six months of returning to work following a period of disability.

Maximum benefit period

For members totally disabled prior to age 65, benefits are payable until the earlier of 36 months following completion of the elimination period, or the equivalent of 12 times the monthly benefit is paid.

For members totally disabled after age 65, the benefit is payable for a maximum of 12 months.

Covered expenses

The covered monthly overhead expenses consist of, but are not limited to, the following:

- rent or mortgage interest;
- heat, water and electricity;
- interest on business loans made for office equipment or automobile;
- telephone;
- salaries of employees;
- accounting services;
- property taxes on business premises/business taxes;
- lease of equipment (including business use of automobile);
- depreciation or scheduled principal payments on office equipment and business use of automobiles;
- professional association membership dues.

Ineligible expenses include:

- salaries and other remuneration paid to members insured under OOE insurance or to members of the Association;
- salaries and other remuneration paid to persons hired to perform your duties;
- salaries paid to family members other than to the extent that such salaries were paid prior to the disability;
- meals, entertainment and promotional expenses;
- travel expenses;
- the cost of goods, wares or merchandise, including medical supplies;
- any other type of expense for which you were not liable prior to commencement of your Total Disability.

In no event will the benefit paid exceed the average monthly amount for covered monthly overhead expenses incurred during the six months preceding your total disability. Receipts disclosing your monthly overhead expenses will be requested when you make a claim.

Definition of total disability

You are considered totally disabled if you are:

- unable to perform the essential duties of your regular occupation, as a result of illness or injury; and
- under the regular care of a physician;
- are not gainfully employed.

Integration of benefits

When Office Overhead expenses are covered under another insurance plan which provides similar coverage to the benefits provided by this benefit, Sun Life will pay only the proportional share of the eligible overhead expenses that are incurred.

Exclusions

No benefits are payable for claims resulting directly or indirectly from any of the following:

- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or act of civil disobedience;
- intentionally self-inflicted injuries while sane or self-inflicted injuries while insane;
- committing or attempting to commit a criminal offense;
- disabilities resulting from drugs or alcohol, unless confined in a hospital or participating in a rehab program approved by Sun Life Assurance Company of Canada;
- pregnancy and/or childbirth.



Special offer for graduates only. Sign up today!

Recent graduates are eligible for a special offer through the CDHA group insurance program; sign up within 90 days of becoming a graduate student member of CDHA and receive a **reduced rate for one year**.

This offer is available exclusively to CDHA members who are:

- recent graduates;
- in good standing;
- under the age of 60;
- a resident of Canada; and
- actively working a minimum of 18 hours per week.

For only \$9.20 a month* you can make sure you're protected with the following coverage:

Special offer – coverage for just \$9.20/month			
Insurance product	Coverage	Overview of Benefits	Medical testing required
Long Term Disability (LTD)	\$500 per month	<ul style="list-style-type: none"> • Helps replace your lost income if you become totally disabled. • 120-day elimination period. • Maximum benefit period are payable to age 65. • Includes rehabilitation benefit. • See member coverage for definition of total disability. 	No (Pre-existing conditions apply)
Life	\$50,000	<ul style="list-style-type: none"> • Provides a lump-sum payment to your estate or designated beneficiaries when you pass away (excluding death resulting from suicide or self-destruction). • May convert coverage up to a maximum of \$200,000. 	No
Accidental Death and Dismemberment (AD&D)	\$50,000	<ul style="list-style-type: none"> • Provides financial protection to you in the event of accidental injury or to your beneficiary or estate in the event of accidental death while you are covered (some exclusions apply). • See member coverage for the table of losses and repatriation benefit. 	No

*Premium is subject to applicable taxes and subject to change

Have you ever considered what would happen if you are unable to work due to sickness or injury?

Your ability to earn an income is one of your important assets. Protect your professional income with CDHA's Long Term Disability (LTD) insurance. Designed to replace lost income while you're disabled, LTD helps you pay those bills that don't stop coming in when you stop working.

Apply now!

To take advantage of this offer, visit sunlife.ca/cdha.



Other products available to graduates

Complement your insurance coverage

After your first year, make sure you've got all the coverage you need. Customize your plan with Dental Care, Critical Illness, Office Overhead Expense and Extended Health Care insurance. Read on to discover more about the additional products available to you.

Insurance products	Benefits to you
Critical Illness (CI)	<ul style="list-style-type: none"> • Helps ensure that you are financially prepared if you become seriously ill. • Pays a one time lump-sum* benefit if you are diagnosed with one of the 25 covered critical conditions. • Coverage is available for member, spouse and dependent child(ren). • For more information, please refer to page 8 of this brochure.
Extended Health Care (EHC)	<ul style="list-style-type: none"> • Covers medical expenses that may not be paid by the provincial health insurance plans such as hospital accommodations, prescription drugs, ambulances and more. • Single, single and one dependent child, couple or family coverage is available. • For more information, please refer to page 19 of this brochure.
Dental Care	<ul style="list-style-type: none"> • Provides coverage for a wide range of preventative, diagnostic and maintenance services and procedures. • Single, single and one dependent child, couple or family coverage is available. • For more information, please refer to page 22 of this brochure.
Office Overhead Expense (OOE)	<ul style="list-style-type: none"> • If you have your own practice, this benefit provides coverage for your ongoing business expenses, should you become totally disabled and are unable to work due to a serious injury or illness. • For more information, please refer to page 26 of this brochure.

The premium offer expires in one year, but your coverage continues with regular premium payment.

Questions?

If you're a recent graduate and you're looking for assistance completing your application, or have any questions, please call Sun Life Assurance Company of Canada, Monday to Friday, from 8am to 8pm ET: Toll free: 1-800-669-7921; Local: 416-408-7390

*Diagnosis of a critical illness such as cancer, heart attack or stroke must occur after the effective date of coverage, you must complete a survival period (usually 30 days) and your claim must be approved by Sun Life Assurance Company of Canada.

When coverage ends

Life Insurance

Your coverage ends:

- upon termination of the Group Policy;
- the date you terminate coverage under the Plan;
- on your 65th birthday;
- on the premium due date, if you fail to pay premium, subject to the grace period¹;
- the date you cease to reside in Canada;
- the date you die.

Your spouse's and dependent's coverage ends:

- the date your coverage terminates under the Plan;
- on your spouse's 65th birthday;
- the date your spouse ceases to reside in Canada;
- the date your spouse dies;
- the date your spouse or dependent is no longer eligible or no longer meets the definition.

Long Term Disability Insurance

Your coverage ends:

- upon termination of your Group Policy;
- the date you terminate coverage under the Plan;
- on your 65th birthday, minus the Elimination Period;
- on the premium due date, if you fail to pay premium, subject to the grace period¹;
- the date you cease to reside in Canada;
- the date you die.

Critical Illness Insurance

Your coverage ends:

- upon termination of the Group Policy;
- the date you terminate coverage under the Plan;

- on the date you terminate your membership in the Association;
- on your 70th birthday;
- on the premium due date, if you fail to pay premium, subject to the grace period¹;
- the date you cease to reside in Canada;
- the date you die;
- the date a Critical Illness benefit is paid for a covered condition.

Your spouse's coverage ends:

- the date your coverage terminates under the Plan;
- date the policy no longer includes your spouse's coverage;
- on your spouse's 70th birthday;
- the date your spouse ceases to reside in Canada;
- the date your spouse dies;
- the date your spouse or dependent is no longer eligible or no longer meets the definition;
- the date a Critical Illness benefit is paid for a covered condition.

Your dependent child(ren)'s coverage ends:

- the date your coverage terminates under the Plan;
- the date your Dependent Child no longer satisfies the required definition;
- the date this policy no longer includes Dependent Child coverage;
- the date any Critical Illness benefit is paid for your Dependent Child; or
- the date your Dependent Child no longer resides in Canada.

¹ After the first payment has been paid, a grace period of 31 days will be granted for the payment of an unpaid premium. During the grace period your coverage will continue in force but you will be liable to Sun Life Assurance Company of Canada for the outstanding payment. After the 31-day grace period your coverage can be terminated for non-payment of premiums.

Critical Illness Insurance (continued)

Your dependent's coverage ends:

- the date your coverage or your spouse's coverage ends (depending on whether the dependent coverage is purchased under your coverage or your spouse's coverage);
- the end of the period for which premiums have been paid for your dependent's coverage.

Extended Health Care and Dental Care Insurance

Your coverage ends:

- upon termination of your Group Policy;
- the date you terminate coverage under the Plan;
- on your 70th birthday;
- on the premium due date, if you fail to pay premium, subject to grace period¹;
- the date you cease to reside in Canada;
- the date you die.

Your spouse's and dependent's coverage ends:

- the date your coverage terminates under the Plan;
- on your spouse's 70th birthday;
- the date your dependent ceases to reside in Canada;
- the date your dependent dies;
- the date your spouse or dependent is no longer eligible or no longer meets the definition.

Accidental Death and Dismemberment Insurance

Your coverage ends:

- upon termination of the Group Policy;
- the date you terminate coverage under the Plan;
- on your 65th birthday;
- on the premium due date, if you fail to pay premium, subject to the grace period¹;
- the date you cease to reside in Canada;
- the date you die.

Office Overhead Expense Insurance

Your coverage ends:

- upon termination of your Group Policy;
- the date you terminate coverage under the Plan;
- following the date you turn 70, minus the Elimination Period;
- the date you are no longer actively at work;
- on the premium due date, if you fail to pay premium, subject to the grace period¹;
- the date you cease to reside in Canada;
- the date you die.

¹ After the first payment has been paid, a grace period of 31 days will be granted for the payment of an unpaid premium. During the grace period your coverage will continue in force but you will be liable to Sun Life Assurance Company of Canada for the outstanding payment. After the 31-day grace period your coverage can be terminated for non-payment of premiums.

CDHA has you covered

Premium rates

Please refer to the current monthly premium rate sheet on sunlife.ca/cdha for Long Term Disability, Critical Illness, Term Life, Extended Health Care, Dental Care, Accidental Death and Dismemberment, and Office Overhead Expense insurance rates.

All plans except Accidental Death and Dismemberment Insurance, Dental Insurance, Child Critical Illness and Dependent Life Insurance have rates that are on an age-banded basis, which means premiums increase as you age and move into a different age band. Rates are subject to provincial tax where applicable. Rates are reviewed annually and are subject to change.

Applying for coverage in the CDHA insurance plan

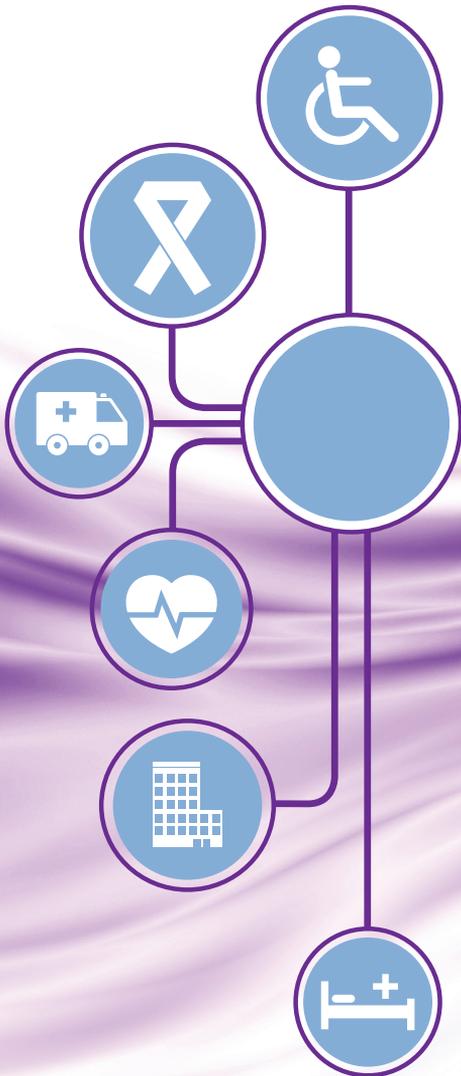
Applying is easy. Simply visit our website sunlife.ca/cdha.

Plan questions:

If you require assistance completing your application, or have any questions, please call Sun Life Assurance Company of Canada toll-free at **1-800-669-7921**, or **416-408-7390** in the Toronto area, Monday to Friday, from 8 am to 8 pm E.T.

This brochure provides the highlights but not all the details of the CDHA Insurance Plan. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group insurance policies issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

All coverage becomes effective upon date of approval and receipt of premium payment.



Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies, a leading international financial services organization providing a diverse range of wealth accumulation and protection products and services to individuals and corporate customers. Chartered in 1865, Sun Life Financial and its partners today have operations in key markets worldwide, including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

Sun Life Financial Services of Canada Inc. trades on the Toronto (TSX), New York (NYSE) and Philippine (PSE) stock exchanges under ticker symbol "SLF".



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