



Ontario Teaching Hospitals

Group Policy Number: G0157991

Plan C: Pool C Residents

Note: The above is the main number you should provide as a reference when contacting Manulife. Be sure to record this number and your plan member certificate number (from your benefits card) on all correspondence and claim forms.

Group Policy Effective Date: July 1, 2026

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Important Information about your Benefits

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Important information about your benefits:

The information provided here is an overview of the coverage and services your plan sponsor has chosen to offer as part of your group benefits program. Every effort has been made to describe the program accurately. However, should there be a question of interpretation, the terms outlined in the official plan documents will prevail.

Where required by law, you or any claimant under the Group Policy has the right to request a copy of any or all of the following items:

- a) the Group Policy;
- b) your application for group benefits; and
- c) any Evidence of Insurability you submitted as part of your application for benefits.

In the case of a claimant, access to these documents is limited to that which is relevant to the filing of a claim, or the denial of a claim under the Group Policy.

Manulife reserves the right to charge you for such documentation after your first request.

We suggest you read this Benefit Booklet carefully, then file it in a safe place with your other important documents.

Explanation of Common Insurance Terms

Explanation of Common Insurance Terms

The following is an explanation of the terms used in this Benefit Booklet.

Essential Duties

the physical and cognitive functions or tasks, recognized by Manulife to be, fundamental to the occupation and are performed at a regular frequency and duration or are infrequent, seldom or rare, but if not performed, would not fulfil the requirements of the occupation.

These functions or tasks, if omitted, modified or changed, would leave the requirements of the occupation unfulfilled.

Non-Evidence Limit

you must submit satisfactory medical evidence to Manulife for Benefit Amounts greater than this amount.

Provincial/Territorial Plan

any plan which provides hospital, medical, or dental benefits established by the government in the province/territory where the insured person lives.

Qualifying Period

a period of continuous Total Disability, starting with the first day of Total Disability, which you must complete in order to qualify for disability benefits.

Total Disability or Totally Disabled

a restriction or lack of ability due to an illness or injury which prevents you from performing the Essential Duties of:

- a) your own occupation, during the Qualifying Period and the 24 months immediately following the Qualifying Period; and
- b) any occupation for which you are qualified, or may reasonably become qualified by training, education or experience, after the 24 months specified in part a) of this provision.

The availability of work will not be considered by Manulife in assessing your disability.

If you must hold a government permit or licence to perform the duties of your job, you will not be considered Totally Disabled solely because your permit or licence has been withdrawn or not renewed.

Who Qualifies for Coverage?

Who Qualifies for Coverage?

Eligibility

You are eligible for Group Benefits as of your date of hire, as long as you:

- a) are an active full-time employee of Ontario Teaching Hospitals and work at least 15 hours per week; and
- b) are younger than the Termination Age; and
- c) are residing in Canada.

Evidence of Insurability

Medical evidence is required when you apply for insurance in excess of the Non-Evidence Limit.

In all cases, medical evidence can be submitted by completing the Evidence of Insurability form, available from your plan administrator, or at www.manulife.ca/groupbenefits. Further medical evidence may be requested by Manulife.

Effective Date of Coverage

If Evidence of Insurability is not required, your Group Benefits will be effective on the date you are eligible.

If Evidence of Insurability is required, your Group Benefits will be effective on the date you become eligible or the date the evidence is approved by Manulife, whichever is later.

You must be actively at work for coverage to become effective. If you are not actively at work on the date your coverage would normally become effective, your coverage will take effect on the next day on which you are again actively at work.

For any changes in coverage (beneficiary information, name), complete the Application for Change form, available at www.manulife.ca/groupbenefits, or from your plan administrator.

The Claims Process

The Claims Process Submitting a Claim

To submit a claim, you can do one of the following:

Submit Online (if applicable)

Sign up to use Manulife's Plan Member Secure Site at www.manulife.ca/groupbenefits.

For fast, easy and secure claim payments, we encourage you to sign up for direct deposit and electronic claim statements when you set up your access on the Plan Member secure site. Even if you mail us your claims, by providing your banking and email information, your claim payments can be deposited quickly to your bank account and you will receive an email notification, including a link to manulife.ca, where you can sign in to view your electronic claim statement.

By Mail

You must complete an applicable claim form and mail it to Manulife. Mailing instructions are included on the claim form.

Claim forms are available at www.manulife.ca/groupbenefits, or from your plan administrator.

Submission Requirements

Claims must be submitted within the following timeframes:

- a) 90 days from the date of the loss, for claims for Life benefits; and
- b) 180 days from the end of the Qualifying Period, for claims for disability benefits, or when applying for waiver of premiums.

For Life claims, complete the Life Claim form.

For Disability claims, complete the STD/LTD Member's statement. A corresponding Waiver Physician's statement (for Waiver of Premiums) must be completed by your attending physician.

Naming a Beneficiary

This Plan contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.

Manulife does not accept beneficiary designations for any benefits other than Employee Life Insurance.

The Claims Process

Time Limit on Legal Action

If an appealed claim is subsequently denied, then you may not commence legal action against Manulife less than 60 days after proof has been filed as outlined under Submitting a Claim. Every action or proceeding against Manulife for the recovery of insurance money payable under the plan is absolutely barred unless commenced within the time set out in the:

Insurance Act (AB, BC, MB, NS, NT, NU, PE and YT)
Limitations Act, 2002 (ON)
Limitations Act (NL and SK)
Limitation of Actions Act (NB)
Civil Code of Quebec (QC)

Termination of Insurance

Termination of Insurance

Termination of Insurance

Your Group Insurance will terminate on the earliest of:

- a) the date you cease to be an eligible employee;
- b) the date you cease to be actively at work, unless the Group Policy allows for your coverage to be extended beyond this date;
- c) the date your employer terminates coverage;
- d) the date you enter the armed forces of any country on a full-time basis;
- e) the date the Group Policy terminates or coverage on the class to which you belong terminates;
- f) the date you reach the Termination Age; or
- g) the date of your death.

Your Group Benefits

Your Group Benefits

Life Insurance Benefit

Benefit Details

If you die while insured, this benefit provides financial assistance to your beneficiary. If your beneficiary dies before you or if there is no designated beneficiary, this benefit is payable to your estate.

Employee Life

Benefit Amount - \$178,264.66

Non-Evidence Limit - \$178,264.66

Qualifying Period for Waiver of Premium - 6 month(s)

Termination Age - your benefit amount terminates at age 65 or retirement, whichever is earlier.

Naming a Beneficiary

You have the right to designate and/or change a beneficiary, subject to governing law. The necessary forms are available from your plan administrator.

Waiver of Premium

If you become Totally Disabled while insured and prior to age 65 and meet the Entitlement Criteria outlined below, your Life Insurance will continue without payment of premium.

Entitlement Criteria

To be entitled to Waiver of Premium, you must meet the following criteria:

- a) you must be continuously Totally Disabled throughout the Qualifying Period. If you cease to be Totally Disabled during this period and then become disabled again within 3 weeks due to the same or related illness or injury, your Qualifying Period will be extended by the number of days during which you ceased to be Totally Disabled;
- b) Manulife must receive medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms; and
- c) you must be receiving from a physician, regular, ongoing care and treatment appropriate for your disabling condition, as determined by Manulife.

At any time, Manulife may require you to submit to a medical, psychiatric, psychological, functional, educational and/or vocational examination or evaluation by an examiner selected by Manulife.

Your Group Benefits

Termination of Waiver of Premium

Your Waiver of Premium will cease on the earliest of:

- a) the date you cease to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;
- b) the date you do not supply Manulife with appropriate medical evidence documenting how your illness or injury causes you to be Totally Disabled, as defined under the Explanation of Common Insurance Terms;
- c) the date you are no longer receiving from a physician, regular, ongoing care and treatment appropriate for the disabling condition, as determined by Manulife;
- d) the date you do not attend an examination by an examiner selected by Manulife;
- e) the date of your death; or
- f) the date of your 65th birthday.

Recurrent Disability

If you become Totally Disabled again from the same or related causes as those for which premiums were previously waived, and such disability recurs within 6 month(s) of cessation of the Waiver of Premium benefit, Manulife will waive the Qualifying Period.

Your amount of insurance on which premiums were previously waived will be reinstated.

If the same Disability recurs more than 6 month(s) after cessation of the Waiver of Premiums, no further premiums are waived for that same Disability.

Two disabilities which are due to unrelated causes are considered separate disabilities if they are separated by a return to work of at least one day after cessation of the Waiver of Premiums.

Conversion Privilege

If your Group Benefits terminate or reduce, you may be eligible to convert your Life Insurance to an individual policy, without medical evidence. Your application for the individual policy along with the first monthly premium must be received by Manulife within 31 days of the termination or reduction of your Life Insurance. If you die during this 31-day period, the amount of Life Insurance available for conversion will be paid to your beneficiary or estate, even if you didn't apply for conversion.

For more information on the conversion privilege, please see your plan administrator. Provincial/Territorial differences may exist.