Table of Contents

How you benefit from group insurance through the AMA
2017 AMA Premium Credit 4
   How we determine the premium credit 4
Additional features
   Spousal coverage 4
   Stability 4
   Support 5
   Portability 5
   Eligibility 5

Disability Insurance
   Why do I need it? 6
   What level of coverage is available? 6
   Definition of total disability 6
   Definition of residual disability 6
   Guaranteed acceptance 6
   Elimination period 6
   Income/benefit guide 7
   Benefit periods 8
   Presumed total disability 8
   Waiver of premium 8
   Survivor benefit 8
   Transplant donor or cosmetic surgery 8
   HIV/Hepatitis B or C virus benefit 8
   Recurrent disability benefit 8
   Limitation of benefit 8
   Optional riders 8
   Guaranteed Insurability Benefit (GIB) 8
   Cost of Living Adjustment (COLA) 9
   Own Occupation 9
   Retirement Protection 9
   Exclusions 9
   Termination 9

Professional Overhead Expense Insurance
   Why do I need it? 10
   What level of coverage is available? 10
   Definition of total disability 10
   Definition of partial disability 10
   Parental benefit 10
   Recovery benefit 10
   Recurrent disability benefit 10
   Cosmetic and transplant benefit 10
   Waiver of premium 11
   Elimination periods 11
   Benefit periods 11
   Limitation of benefit 11
   Exclusions 11
   Termination 11
   Optional rider 11
   Guaranteed Insurability Benefit (GIB) 11

Term Life Insurance
   Why do I need it? 12
   Term life insurance can assist with: 12
   What level of coverage is available? 12
   Conversion privilege 12
   Living benefit 12
   Preferred underwriting 12
   Exclusions 12
   Termination 12
   Optional riders 13
   Future Insurance Option 13
   Waiver of premium 13

Critical Illness Insurance
   What is critical illness insurance? 14
   Why do I need it? 14
   How much coverage do I need? 14
   What coverage is available? 14
   What CI conditions are covered? 14
   Optional riders 15
   Waiver of premium 15
   Child Critical Illness coverage 15
   CI insurance definitions 15
   Exclusions 20
   Termination 21

Accidental Death & Dismemberment Insurance
   Why do I need it? 22
   What level of coverage is available? 22
   Two plans to choose from 22
   Loss benefits schedule 22
   Additional benefits 22
   Exclusions 22
   Termination 23
   Easy to apply 23
   About ADIUM Insurance Services Inc. 23
   Insurance Rate Schedule 24
How you benefit from group insurance through the AMA

For more than 65 years, Alberta Medical Association (AMA) members have benefited from our highly competitive group insurance plans, administered by AMA’s ADIUM Insurance Services Inc. (ADIUM). By purchasing insurance through ADIUM you can obtain coverage at a lower rate than you probably would if you applied as an individual.

With AMA group insurance plans you benefit from:
- the power of volume purchasing which results in highly competitive group insurance rates
- AMA Premium Credit
- third-party administration by ADIUM
- no built-in sales commissions
- well-designed medical underwriting processes that ensure good risk selection and a favourable claims experience

2017 AMA Premium Credit
For the 13th consecutive year we are offering significant premium credits to AMA members on our Disability, Professional Overhead Expense and Term Life Insurance plans. Please note that the insurance rate schedules provided at the back of this overview are before the 2017 credits.

- Disability insurance\(^1\) – 20% off our published rates
- Professional overhead expense\(^1\) – 20% off our published rates
- Term life insurance\(^1\) – 20% off our published rates

How we determine the AMA Premium Credit
The premium credit is a benefit of our non-profit group insurance plans that cannot be found through other retail insurance plans. Under a financial model called “refund accounting” the insurance company returns excess premiums to the AMA. These funds are held in reserve by the AMA to insulate the plans against possible claims fluctuations, and returned to participating members through the AMA Premium Credit when reserves are sufficient. Over the past 13 years credits have averaged 18% under each plan.

Additional features

Spousal coverage
Members’ spouses may apply for term life insurance and critical illness insurance plans. An eligible spouse is defined as a person legally married to you, or a person with whom you have cohabited for a continuous period of 12 months and who has been publicly represented as your spouse.

Stability
Take comfort in knowing your protection will be there when you need it. Your insurance solutions are provided by only the most trusted insurers and the AMA reserves the right to change carriers whenever it’s in your best interest.

\(^1\) Rates and premium credits are not guaranteed.
Our insurance providers are:

- Sun Life Assurance Company of Canada  
  (Disability insurance, Term life insurance, Professional overhead expense, Critical illness insurance)
- Industrial Alliance Insurance and Financial Services  
  (Accidental death & dismemberment insurance)
- Alberta Blue Cross – AMA Health Benefits Trust Fund (plan information provided separately)

Support
ADIUM employs two licensed insurance advisors, who can help you determine your coverage needs in a professional and objective manner. Please contact the appropriate advisor to discuss your needs or to schedule an appointment:

Ms Kelly Guest, EPC, CHS - Northern Alberta  
(Red Deer North)  
kelly.guest@albertadocs.org  
1.780.482.0306

Ms Mona Yam, CFP, CLU, CHS, B.Comm, BA - Southern Alberta  
mona.yam@albertadocs.org  
1.403.205.2088

You also have convenient 24-hour access to www.albertadocs.org. Get information about the insurance plans, download brochures and applications and take advantage of the easy-to-use online tools to help you determine how much coverage you need and what it will cost.

Portability
Plans are designed to stay with you if you move outside of Alberta and even if you change occupations. All you have to do is maintain a non-resident AMA membership at a nominal annual fee. Please see Eligibility details below for more information.

Eligibility
Members of the AMA or Northwest Territories Medical Association (NWTMA), who reside in Canada, are eligible to apply for coverage. See table below.

Eligibility details

<table>
<thead>
<tr>
<th></th>
<th>Disability insurance</th>
<th>Professional overhead expense insurance</th>
<th>Term life insurance</th>
<th>Critical illness insurance</th>
<th>Accidental death &amp; dismemberment insurance</th>
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<td>Under age 65</td>
<td>Under age 75</td>
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</table>

2 With the exception of our guaranteed acceptance offer (see page 6) proof of good health is required.
Disability Insurance

Why do I need it?
Disability insurance (DI) is a smart way to protect your lifestyle today and your plans for tomorrow. If an accident or illness prevents you from working, the plan provides a monthly income benefit that helps you avoid using your retirement savings to take care of everyday expenses. Use the benefit to cover your mortgage payments, household bills and any other necessary expenses.

What level of coverage is available?
Monthly disability coverage is available in units of $100 from a minimum of $500 to a maximum of $25,000. The amount you may qualify for is based on your income and any other disability insurance you already have (refer to the Income/benefit guide on page 7).

When applying, you are required to provide proof of earned income that includes copies of your most recent income tax return and financial statement (if applicable). However, if you’re in your first two years of medical practice, you may purchase up to $7,000/month (family physician) or $10,000/month (specialist), including coverage from all other sources, without providing proof of earned income.

Definition of total disability
Total disability means you are:
• unable, due to sickness or injury, to perform the essential duties of your regular occupation3;
• under the regular care of a physician, and
• not engaged in any other gainful occupation.

Definition of residual disability
Residual disability means you are not totally disabled, but as a result of sickness or injury you are under the regular care of a Physician, you have a loss of average monthly earned income4 of at least 20 per cent and are either:
• able to perform one or more of the duties of your regular occupation;
• engaged in another occupation.

For your first six months of residual disability, you will receive a minimum monthly benefit of 50 per cent of your monthly disability insurance benefit. Thereafter, your residual disability benefit will be based on your actual loss of income.

Elimination period
The elimination period is the number of days that must pass, after an injury or the onset of an illness, before disability benefits are payable. Depending on your life stage you can customize the elimination period and choose a 30, 60, 90 or 120-day elimination period or a combination of these periods.

The elimination period may be satisfied with intermittent periods of disability from the same cause accumulated:
• within six months for the 30, 60 and 90-day elimination periods; and
• within nine months for the 120-day elimination period.

If cost is an issue, choose a longer elimination period instead of a smaller monthly benefit amount. You get lower premiums in exchange for waiting longer for your first benefit payment.

Guaranteed acceptance
The first $1,500 of the monthly disability coverage is issued without medical evidence of insurability (and with a 90-day elimination period), if you are:
• within your first six months of full-time practice in Alberta and
• under age 65.

A pre-existing condition limitation applies during the first 24 months that coverage is in effect.

If applying for coverage above this monthly benefit amount, you must provide medical evidence of insurability.

3 Your regular occupation is defined as the occupation(s) you were engaged in as of the date of disability.

4 Average monthly earned income is the greater of a) your average monthly earned income during any consecutive 12 month period in the 24 months immediately preceding the onset of total or residual disability, or b) your average monthly earned income for any consecutive 24 month period in the 36 months immediately preceding the onset of total or residual disability.
Income / benefit guide

Based on your net income\(^5\), the maximum monthly benefit for combined coverage under this plan and any other disability insurance plans is as follows:

<table>
<thead>
<tr>
<th>Annual Insurable Earned Income</th>
<th>Benefit Amount</th>
<th>Annual Insurable Earned Income</th>
<th>Benefit Amount</th>
<th>Annual Insurable Earned Income</th>
<th>Benefit Amount</th>
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<td>560,000 to 569,999</td>
<td>$17,600</td>
<td>890,000 +</td>
<td>25,000</td>
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</table>

\(^5\) Gross income less business expenses, but before income taxes.
Benefit periods
For continuing disabilities commencing prior to age 63, total and residual disability benefits are payable to age 65. For continuing disabilities commencing on or after age 63:
• total disability benefits are payable for 24 months;
• residual disability benefits are payable to age 65.

Presumed total disability
If, as a result of sickness or injury, you totally and irrecoverably lose:
• the power of speech; or
• sight in both eyes; or
• 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 perform the essential duties of your regular occupation or require the regular care of a physician.

Waiver of premium
If you are disabled for a continuous period of at least 90 consecutive days and are in receipt of disability benefits, the insurer will waive your premiums from the first day of the month following the date you became disabled.

Survivor benefit
A lump-sum benefit equal to three times your last monthly benefit will be paid to your estate if you die during a period of total or residual disability for which:
• the elimination period has been completed; and
• disability benefits are payable.

Transplant Donor or Cosmetic Surgery
If you become totally disabled as a result of cosmetic surgery or the transplant of a part of your body to the body of another, you may be entitled to benefits under the plan, if:
• your coverage has been in-force for at least six months;
• you have completed the elimination period; and
• for cosmetic or transplant surgery, you have been continuously totally disabled for at least 30 days.

HIV/Hepatitis B/C Positive benefit
If you test positive for HIV or are determined to be a carrier of the Hepatitis B or C virus and are in an asymptomatic infectious state, you may be eligible for residual disability benefits, even if you are not disabled as defined in the plan. Residual disability benefits will be payable if you are under age 65 and you incur a loss of monthly earned income of at least 20 per cent for the period before the date the condition was diagnosed as a consequence of:
• being required to disclose your condition to your patients by regulations approved by an appropriate government authority, hospital board, applicable medical regulatory body or licensing authority; or
• limiting of your practice of medicine by regulations approved by an appropriate government authority, hospital board, applicable medical regulatory body or licensing authority

Recurrent disability benefit
If total or residual disability from the same cause recurs within six months after the termination of a previous period of benefit payments, your benefits will resume without having to re-satisfy the elimination period.

Limitation of benefit
Your monthly disability benefit may be reduced by any other disability benefits that you may receive or be entitled to receive from any individual insurance issued after the effective date of your insurance under this policy.

Please contact ADIUM for further information on this provision.

Optional riders
Guaranteed Insurability Benefit (GIB)
Protects your ability to obtain additional coverage in the future regardless of changes in your health. Allowing you to purchase additional DI without having to provide medical evidence of insurability (based on income qualification levels – see the Income/benefit guide on page 7).

If you are age 55 or under on January 1st immediately preceding the Option Period, and have sufficient income to warrant the increase, you may purchase a monthly benefit of up to $2,500 of additional coverage at each option period, in multiples of $100, subject to our maximum issue limit.

Increases are subject to the maximum issue limit.
Cost of Living Adjustment (COLA)
COLA helps you keep up with the pace of inflation by increasing your monthly benefit according to the Alberta Consumer Price Index once you have been totally or residually disabled for 12 consecutive months.

The increase is subject to an annual maximum of six per cent and continues each year you remain disabled until you reach age 65.

Own Occupation
Since a return to work might not necessarily mean a return to your former level of income, Own Occupation protects your earning power. With this benefit, you are considered to be totally disabled from your regular occupation and entitled to disability benefits – even if you return to work performing different duties or find work in another field.

This benefit ends once you reach age 65, at which time the condition that you must not be “engaged in any other gainful occupation” is once again applied to the definition of total disability.

Retirement Protection
During a period of total disability, it might be difficult to continue contributing to your RRSP or other investments while trying to manage the expenses of day-to-day living. Retirement Protection helps keep your retirement plan on track by providing a monthly contribution to a locked-in non-registered investment vehicle beginning after 90 consecutive days of total disability and continuing for each month you remain totally disabled, up to age 65.

If your annual earned income net of expenses is:
• less than $100,000 your monthly benefit amount is $500.
• greater than $100,000 you may choose a monthly benefit of either $500 or $1,000.

You must be under age 55 to apply for this rider.

Exclusions
No benefits are payable for any disability:
• resulting from an act of war;
• resulting from voluntary participation in a riot or act of civil disobedience;
• resulting from injuries sustained or sickness contracted while in the military service of any country at war, whether such war be declared or undeclared;
• resulting from normal pregnancy and/or childbirth; or
• during any period of imprisonment or confinement in a similar institution.

Termination
Your insurance coverage ends:
• on the policy anniversary date following termination of your membership in the AMA (or NWTMA);
• on the policy anniversary date following your 70th birthday;
• on the first of the month following receipt by the AMA of your written request to terminate coverage;
• on the date of your retirement;
• on death;
• for failure to pay premiums, subject to the grace period;
• at age 65 if benefits were received to age 65 or the date you have received 24 months of benefits if such date is beyond your 65th birthday;
• the date the group policy is terminated by the AMA.
Professional Overhead Expense Insurance

Why do I need it?
It’s taken countless hours, tireless dedication and true commitment to build a thriving practice. Your patients and your family have come to rely on you to maintain its successful operation. If a serious illness or injury prevents you from being there, professional overhead expense insurance (POE) helps keep things running by providing a vital monthly reimbursement benefit to help cover your expenses and protect your business assets.

What level of coverage is available?
Monthly benefit coverage is available in units of $100 from a minimum of $500 to a maximum of $20,000. Evidence of insurability is required for all amounts of coverage you apply for.

Definition of total disability
Total disability means you are:
• unable, due to sickness or injury, to perform the substantial material duties of your regular occupation,
• under the regular care of a physician, and
• not engaged in any other gainful occupation.

Definition of partial disability
Partial disability means you are not totally disabled but, as a result of sickness or injury, you have a loss of earned income of at least 20 per cent and are either:
• able to perform one or more of the duties of your regular occupation;
• engaged in another occupation.

Your partial disability benefit will be based on your actual percentage loss of monthly income. For example, if your monthly income is reduced by 40 per cent due to partial disability, you may be entitled to receive reimbursement of actual expenses incurred up to 40 per cent of your monthly POE benefit.

Parental benefit
No matter how dedicated you are to your practice, you’ll want to be there to welcome a new addition to your family and enjoy those first moments of discovery. The POE plan may provide up to 15 consecutive weeks of benefit reimbursement for parental leave (following a waiting period of two weeks), subject to the following conditions:
• You must be enrolled in the POE plan for at least 12 months prior to the date of birth of the child or the date of placement of the child in the case of an adoption.
• You must be the biological or adoptive parent of the child.

• Benefits are payable under this feature no earlier than eight weeks before the expected date of delivery or date of placement, ending no later than 17 weeks after delivery or date of placement.
• Benefits will be the lesser of:
  – 50 per cent of the monthly benefit, and
  – the current employment insurance (EI) monthly benefit.
• The benefit will not exceed the amount of covered monthly overhead expenses actually incurred by you.
• The benefit is designed only for adoptions and non-complicated pregnancies – if you have a disability during or after pregnancy, be it pregnancy related or not, benefits will be paid as provided under the partial or total disability benefit provisions.
• Benefits will be paid only if you are on full-time leave from your practice during the period for which benefits are claimed (no partial disability benefits will be paid).
• The rate and duration of benefit does not change in the event of multiple births or adoptions of more than one child.

Recovery benefit
If, after six months of receiving disability benefits, you return to your regular occupation, you may receive up to 50 per cent of your previous month’s benefit during your first month of full-time practice.

Recurrent disability benefit
If you suffer a total or partial disability from the same cause, within six months following the termination of a previous period of benefit payments, benefits will resume without having to re-satisfy the elimination period.

Cosmetic and transplant benefit
If you become totally disabled as a result of cosmetic surgery or the transplant of a part of your body to the body of another, you may be entitled to benefits under the plan, if:

6 Your regular occupation is defined as the occupation(s) you were engaged in as of the date of disability.
• your coverage has been in-force for at least six months;
• you have completed the elimination period; and
• for cosmetic surgery, you have been continuously totally disabled for at least 30 days.

Waiver of premium
If you are disabled for a continuous period of at least 90 consecutive days and are in receipt of disability benefits, the insurer will waive the premiums from the first day of the month following the date you became disabled.

Elimination periods
You may choose a 14-day or 30-day elimination period, or a combination of these periods. Monthly benefits in excess of $7,000 must have a 30-day elimination period.

Benefit periods
If you become partially or totally disabled prior to age 70, benefits are payable until the earlier of:
• 36 months following completion of the elimination period, or
• 12 times the monthly benefit is paid.

If you become partially or totally disabled after age 70, benefits are payable for up to 12 months following completion of the elimination period. The plan reimburses you for eligible professional overhead expense incurred and not reimbursed by another professional overhead expense program.

Limitation of benefit
In no event will the benefits paid exceed the average monthly amount of covered monthly overhead expenses incurred during the six months preceding your disability.

Exclusions
Benefits are not payable for a disability:
• resulting from an act of war;
• resulting from injuries sustained or sickness contracted while in the military service of any country at war, whether such war be declared or undeclared;
• resulting from normal pregnancy and/or childbirth, except as permitted under the parental benefit; or
• during any period of imprisonment or confinement in a similar institution.

Termination
Your insurance coverage ends:
• on the policy anniversary date following termination of your membership in the AMA or NWTMA;
• on the policy anniversary date following your 80th birthday;
• on the first of the month following receipt by the AMA of your written request to terminate coverage;
• on the date of your retirement;
• on the date of your death;
• for failure to pay premiums, subject to the grace period; or
• the date the group policy is terminated by the AMA.

Optional rider
Guaranteed Insurability Benefit (GIB)
The GIB rider guarantees your future insurability. This rider allows you to purchase additional POE coverage in the future without having to provide medical evidence of insurability, provided your expenses qualify you for the additional coverage.

You have the opportunity to exercise this option from April 1st - April 30th each year or 60 days following the successful completion of a medical residency program. Each year you may increase your professional overhead coverage in increments of $100 to a maximum monthly benefit of $1,000. If you are under age 40, and have sufficient expenses to warrant the increase, you may purchase up to $2,000 of additional coverage at each option period. Increases are subject to the maximum issue limit. This rider terminates at age 60.

<table>
<thead>
<tr>
<th>Eligible expenses</th>
<th>Ineligible expenses</th>
</tr>
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<tbody>
<tr>
<td>✓ rent or mortgage interest</td>
<td>× salaries and other remuneration paid to yourself or to members of your profession</td>
</tr>
<tr>
<td>✓ heat, water and electricity</td>
<td>× travelling expenses</td>
</tr>
<tr>
<td>✓ interest on business loans made for office equipment or automobile</td>
<td>× the cost of goods, wares or merchandise including medical supplies</td>
</tr>
<tr>
<td>✓ telephone and postage</td>
<td>× the cost of implements used in your profession</td>
</tr>
<tr>
<td>✓ business laundry</td>
<td>× any other expenses that would not normally be incurred when you are disabled</td>
</tr>
<tr>
<td>✓ employee salaries</td>
<td>× income taxes for you or your employees</td>
</tr>
<tr>
<td>✓ accounting services</td>
<td>✓ meals, entertainment and promotional expenses</td>
</tr>
<tr>
<td>✓ property taxes/business taxes</td>
<td>✓ lease payments (equipment and automobile)</td>
</tr>
<tr>
<td>✓ premiums for insurance and benefit coverage for employees</td>
<td>✓ depreciation of scheduled principal payments on office equipment for business use of automobile</td>
</tr>
<tr>
<td>✓ professional association membership dues</td>
<td>✓ student loan interest</td>
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<td>✓ premiums for insurance and benefit coverage for employees</td>
</tr>
</tbody>
</table>

ADIUM Insurance Services Inc. | 2017 Insurance Plans Overview

11
### Term Life Insurance

#### Why do I need it?
Life insurance is important to protect the financial security of your loved ones. Consider how your family would be affected if you passed away and were no longer here to care for them. Would they be able to pay the mortgage or would they have to sell the family home? Could they cover childcare expenses? Would they need to withdraw from their savings or take out a loan to pay expenses? Planning ahead will allow your family to continue to enjoy their current lifestyle and proceed with their life goals.

#### Term life insurance can assist with:
- mortgage and other personal debt
- funeral and other final expenses
- children’s educational needs
- replacing your income for surviving family members
- income taxes that may be payable at your death
- business debt or partnership insurance

#### What level of coverage is available?
You and your spouse may each apply for up to $5,000,000 of coverage in units of $50,000. To assist you in determining the level of coverage that best meets your needs, contact an ADIUM advisor or visit the AMA website[^7] and search Life Insurance Needs Analysis.

#### Conversion privilege
You are entitled to convert your AMA term life insurance to an individual policy through Sun Life Financial, provided you do so before reaching age 70. To find out more about your conversion options, please speak with an ADIUM advisor.

#### Living benefit
The living benefit permits an insured, with a terminal illness that is expected to lead to death within one year, to access up to $200,000 of his/her death benefit to use at his/her discretion.

#### Preferred underwriting
You and your spouse may be eligible to receive valuable savings with the lower preferred and lowest elite premium rates. These two underwriting classes offer lower premiums to healthier, low risk individuals who apply for at least $250,000 of coverage. You and your spouse are automatically considered for these rates when you apply for coverage under this plan.

To be considered for these lower rates, you must be in good health and lead a low-risk lifestyle. Through the normal medical underwriting process, our insurer will examine key factors to assess which underwriting class you’ll qualify for, such as your:
- tobacco use
- cholesterol level
- recreational activities
- personal and family medical history
- physical build
- blood pressure
- driving record

#### Exclusions
Benefits are not payable in the event of suicide or self-inflicted injuries, while sane or insane, within the first two years of coverage.

#### Termination
Your and your spouse’s coverage ends:
- the date the group policy is terminated by the AMA;
- on the policy anniversary date following termination of your membership in the AMA or NWTMA;
- on the policy anniversary date following your or your spouse’s 75th birthday;
- on the first of the month following receipt by the AMA of your or your spouse’s written request to terminate coverage; or
- for failure to pay premiums, subject to the grace period.
- for a spouse, upon divorce from the member (conversion option is available).

[^7]: [http://www.albertadoctors.org](http://www.albertadoctors.org)
Optional riders

Future Insurance Option
The Future Insurance Option rider may be added to you or your spouse's base term life insurance coverage. It allows the insured to obtain additional insurance at a later date even if the insured becomes uninsurable for medical reasons. The insured may increase coverage without medical evidence of insurability, if the insured applies within 60 days of one of the following events:

a) marriage or eligible common-law relationship;
b) birth or legal adoption of a child; or
c) attainment of age 25, 30, 35, 40, 45, 50 or 55.

At each option date the insured is eligible to apply for $50,000 of coverage, subject to the overall plan maximum. To apply for additional coverage under this rider, the insured must be actively at work at time of application.

Waiver of Premium
Available to you and your spouse, this rider provides for the waiving of premiums should the insured become totally disabled for three consecutive months before the age of 65. Premiums will be waived for as long as you continue to be totally disabled and will end on the premium due date coincident with or next following your 75th birthday. Total disability means you are unable to perform the substantial duties of your regular occupation as a result of sickness or injury and you are under the care of a physician and are not engaged in any other gainful occupation.
How much coverage do I need?

To help determine how much coverage you’d need, ask yourself if you would have enough protection to cover the financial impact of additional expenses you may incur, such as:

- medicines and treatments not covered by your extended health-care plan or provincial health coverage;
- child care and home maintenance while you recover;
- loss of income if your partner or spouse is unable to work while caring for you;
- costs associated with seeking health care outside of Canada;
- modifications to your home due to limited mobility;
- outstanding debts such as mortgage payments or ongoing household expenses.

Ideally, you should have enough insurance to cover additional costs that may come with recovery.

What coverage is available?

Coverage is available from a minimum of $50,000 to a maximum of $250,000, in units of $10,000.

What CI conditions are covered?

The plan covers 25 critical conditions (listed alphabetically):

- Alzheimer’s disease
- Aortic surgery
- Aplastic anemia
- Bacterial meningitis
- Benign brain tumour
- Blindness
- Cancer
- Coma
- Coronary artery bypass surgery
- Deafness
- Heart attack
- Heart valve replacement
- Kidney failure
- Loss of independent existence
- Loss of limbs
- Loss of speech
- Major organ failure on waiting list
- Major organ transplant
- Motor neuron diseases
- Multiple Sclerosis
- Occupational HIV infections
- Paralysis
- Parkinson’s disease
- Severe burns
- Stroke
A critical illness insurance benefit will be paid to the insured following:

1. the diagnosis of a covered condition or surgery for one of the covered conditions,
2. the completion of the prescribed survival period, and
3. the approval of the critical illness insurance claim.

Optional riders

Waiver of premium
Waiver of premium is available to the insured for purchase as an optional rider. If the insured becomes totally disabled before age 65 and the disability lasts for at least six consecutive months, premiums for the insured's CI coverage will be waived. This benefit will apply for as long as the insured continues to be totally disabled and will end on January 1st coincident with or next following the insured's 75th birthday. Totally disabled means the insured is unable to perform the duties of any occupation.

Child Critical Illness coverage
Coverage is available from a minimum of $5,000 to a maximum of $20,000, in units of $5,000. The coverage amount applies to each child regardless of how many children you have.

Dependent Child means a child, other than foster children, of the Insured, who is not married or in any other formal union recognized by law, and who is:

a) under age 21, or
b) age 21 or over but under age 25 who is a full-time student attending an educational institution recognized under the Income Tax Act (Canada) and is entirely dependent on the Insured for financial support.

A child, who becomes handicapped before the limiting age, continues to qualify as long as the child:

a) is incapable of financial self-support because of a physical or mental disability,
b) depends on the Insured for financial support, and
c) is not married nor in any other formal union recognized by law.

The plan covers the same 25 critical conditions as member/spouse plus an additional six illnesses:

- Cerebral Palsy
- Congenital Heart Disease
- Cystic Fibrosis
- Down’s Syndrome
- Muscular Dystrophy
- Type 1 Diabetes

CI insurance definitions

The term diagnosis shall mean the diagnosis by a licensed physician (other than the insured, the insured’s relative or person who normally resides in the insured’s household). The survival period is 30 days, unless a longer waiting period is specified in the definition of a critical condition.

Aortic Surgery
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 or Dependent Child must survive for 30 days following the date of Surgery.

Exclusion:
No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.
Aplastic Anemia
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 (1) of the following:
   a)  marrow stimulating agents;
   b)  immunosuppressive agents; or
   c)  bone marrow transplantation.

The Diagnosis of aplastic anemia must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Bacterial Meningitis
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 or Dependent Child must survive for 90 days following the date of Diagnosis.

Exclusion:
No benefit will be payable under this condition for viral meningitis.

Benign Brain Tumour
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).

The Diagnosis of benign brain tumour must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Exclusions:
No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

No benefit will be payable for a recurrence or metastasis of an original tumour which was Diagnosed prior to the effective date of coverage.

Moratorium Period Exclusion:
No benefit will be payable under this condition and the Insured's or Dependent Child's coverage for benign brain tumour will terminate if within the first 90 days following the later of:
   a)  the date the application for this coverage was signed; or
   b)  the effective date of the Insured's or Dependent Child's coverage,

the Insured or Dependent Child has any of the following:
   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).

While the Insured's or Dependent Child's insurance for benign brain tumour terminates, insurance for all other covered conditions remains in force.

Medical information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within six (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 benign brain tumour or, any Critical Illness caused by any benign brain tumour or its treatment.

Blindness
Blindness means a definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:
   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.

The Diagnosis of blindness must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Cancer
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.

The Diagnosis of cancer must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Exclusions:
No benefit will be payable for a recurrence or metastasis of an original cancer which was Diagnosed prior to the effective date of coverage.

No benefit will be payable under this condition for any of the following:
   a)  lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors 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.

**Moratorium Period Exclusion:**
No benefit will be payable under this condition and the Insured's or Dependent Child's coverage for cancer will terminate if within the first 90 days following the later of:
- a) the date the application for this coverage was signed; or
- b) the effective date of the Insured's or Dependent Child's coverage,
the Insured or Dependent Child has any of the following:
- a) signs, symptoms or investigations, that lead to a Diagnosis of cancer (covered or excluded under this policy), regardless of when the Diagnosis is made; or
- b) a Diagnosis of cancer (covered or excluded under this policy).

While the Insured's or Dependent Child's insurance for cancer terminates, insurance for all other covered conditions remains in force.

Medical information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within six (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.

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.


**Coma**
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 four (4) or less.

The Diagnosis of coma must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

**Exclusions:**
No benefit will be payable under this condition for:
- a) a medically induced coma;
- b) a coma which results directly from alcohol or drug use; or
- c) a Diagnosis of brain death.

**Coronary Artery Bypass Surgery**
Coronary Artery Bypass Surgery means the undergoing of heart Surgery to correct narrowing or blockage of one (1) or more coronary arteries with bypass graft(s).

The Surgery must be determined to be medically necessary by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Surgery.

**Exclusion:**
No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

**Deafness**
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.

The Diagnosis of deafness must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

**Dementia, including Alzheimer's Disease**
Dementia, including Alzheimer's Disease means a definite Diagnosis of a progressive deterioration of memory and at least one (1) of the following areas of cognitive function:
- 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.

The Insured or Dependent Child must exhibit:
- 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 six (6) month period.
The Diagnosis of dementia must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

**Exclusion:**
No benefit will be payable under this condition for affective or schizophrenic disorders, or delirium.

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.

**Heart Attack**
**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 (1) of the following:

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.

The Diagnosis of heart attack must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

**Exclusions:**
No benefit will be payable under this condition for:

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 do not meet the heart attack definition as described above.

**Heart Valve Replacement or Repair**
**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.

The Surgery must be determined to be medically necessary by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Surgery.

**Exclusion:**
No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

**Kidney Failure**
**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.
The Diagnosis of kidney failure must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Loss of Independent Existence
Loss of Independent Existence means a definite Diagnosis of the total inability to perform, by oneself, at least two (2) of the following six (6) activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.

Activities of daily living are:

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.

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.

Loss of Limbs
Loss of Limbs means a definite Diagnosis of the complete severance of two (2) or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

The Diagnosis of loss of limbs must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Loss of Speech
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.

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.

Exclusion:
No benefit will be payable under this condition for any psychiatric related causes.
The Diagnosis of multiple sclerosis must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

**Occupational HIV Infection**

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 or Dependent Child’s normal occupation, which exposed the Insured or Dependent Child to HIV contaminated body fluids.

The accidental injury leading to the infection must have occurred after the later of:

a) the date the application for this coverage was signed; or
b) the effective date of the Insured’s or Dependent Child’s coverage.

Payment under this condition requires satisfaction of all of the following:

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

The Diagnosis of occupational HIV infection must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of the second serum HIV test described above.

**Exclusions:**

No benefit will be payable under this condition if:

a) the Insured or Dependent Child 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 the 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**

Paralysis means a definite Diagnosis of the total loss of muscle function of two (2) 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.

The Diagnosis of paralysis must be made by a Specialist Physician. The Insured or Dependent Child must survive for 90 days following the precipitating event.

**Parkinson’s Disease and Specified Atypical Parkinsonian Disorders**

Parkinson’s disease means a definite Diagnosis of primary Parkinson’s disease, a permanent neurologic condition which must be characterized by Bradykinesia (slowness of movement) and at least one (1) of: muscular rigidity or rest tremor. The Insured or Dependent Child must exhibit objective signs of progressive deterioration in function for at least one (1) year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson’s disease.

Specified atypical Parkinsonian disorders means a definite Diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

The Diagnosis of Parkinson’s disease or a specified atypical Parkinsonian disorder must be made by a neurologist or a Specialist Physician. The Insured or Dependent Child must satisfy the above conditions and survive for 30 days following the date all these conditions are met.

**Exclusions:**

No benefit will be payable for Parkinson’s disease or specified atypical Parkinsonian disorders if, within the first year following the later of,

a) the date the application for this coverage was signed; or
b) the effective date of the Insured’s or Dependent Child’s coverage,

c) the date the application for this coverage was signed; or
b) the effective date of the Insured’s or Dependent Child’s coverage,

c) the Insured or Dependent Child has any of the following:

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).

No benefit will be payable under Parkinson’s disease or specified atypical Parkinsonian disorders for any other type of Parkinsonism.

Medical information about the Diagnosis and any signs, symptoms or investigations leading to the Diagnosis must be reported to the Company within six (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.
Severe burns
Severe Burns means a definite Diagnosis of third-degree burns over at least 20% of the body surface.

The Diagnosis of severe burns must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date the severe burn occurred.

Stroke
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:

a) acute onset of new neurological symptoms; and
b) new objective neurological deficits on clinical examination persisting for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The Diagnosis of stroke must be made by a Specialist Physician. The Insured or Dependent Child must survive for 30 days following the date of Diagnosis.

Exclusions:
No benefit will be payable under this condition for:

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.

Exclusions
This benefit is not payable 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, or intentionally self-inflicted injuries while sane or self-inflicted injury while insane;
• the act of 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.

No critical illness insurance benefit shall become payable for any illness, disorder, or surgery excluded by or omitted from the insured conditions.

Pre-existing conditions
For coverage issued without proof of good health, no benefit will be paid for any critical illness that occurs within 24 months of an insured's effective date of coverage resulting from injury, illness, or medical condition for which they had symptoms, consulted a physician or other health-care practitioner during the 24 months prior to the effective date of an insured's coverage.

Termination
Critical illness insurance coverage for the insured will end on the earliest of the following:

• January 1st following termination of your membership in the AMA or NWTMA;
• January 1st following the insured's 75th birthday;
• January 1st following the date the insured is no longer a resident of Canada or the United States;
• the date the critical illness insurance benefit is paid;
• the first of the month following the AMA's receipt of the insured's written request to cancel the coverage;
• upon termination of the group policy by the AMA or Sun Life;
• the date the premium is due if you fail to pay your premium, subject to the grace period;
• the date the insured dies;
• the date the group policy no longer includes spouse coverage; or
• the date on which your spouse becomes insured under the group policy as a member.
What level of coverage is available?
Coverage is available in units of $50,000 to a maximum of $1,000,000.

Two plans to choose from:
- **Member only plan** – covers you alone for the Principal sum of insurance you have selected.
- **Member & Family plan** – covers you and your family members as follows:
  - if you have a spouse\(^8\) but no dependent children\(^9\), your spouse will be covered for an amount equal to 50 per cent of your Principal sum
  - if you have a spouse and dependent children, your spouse will be covered for 40 per cent of your Principal sum and each child will be covered for 15 per cent of your Principal sum to a maximum of $100,000
  - if you have children but no spouse, each child will be covered for 20 per cent of your Principal sum to a maximum of $100,000.

\(^8\) An eligible spouse is either a person legally married to you, or a person who has been publicly represented as your spouse for at least 12 months.
\(^9\) Dependent children means an unmarried natural child, legally adopted child or step-child of the insured member, under the age of 23, or under 25 if attending school full-time and receives full parental support and maintenance, or if disabled and under the care and support of the insured.

Accidental Death & Dismemberment Insurance

Why do I need it?
Accidental death and dismemberment (AD&D) insurance provides a lump-sum tax-free benefit that is paid in addition to any benefit received from your life or disability insurance coverage. You are insured 24 hours a day, anywhere in the world.

AD&D insurance is intended to supplement, not replace, life and disability insurance plans. Since there’s no medical evidence of insurability required to enrol in the plan, it’s an especially good plan for you to consider if you are unable to obtain life or disability insurance.

Loss benefits schedule
Benefits are provided for injury resulting in loss of, or permanent and total loss of use of, which occurs within 12 months after the date of an accident as follows:

<table>
<thead>
<tr>
<th>Life Benefit</th>
<th>Principal sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both hands</td>
<td>Principal sum</td>
</tr>
<tr>
<td>Both feet</td>
<td>Principal sum</td>
</tr>
<tr>
<td>Entire sight in both eyes</td>
<td>Principal sum</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>Principal sum</td>
</tr>
<tr>
<td>One hand and entire sight of one eye</td>
<td>Principal sum</td>
</tr>
<tr>
<td>One foot and entire sight of one eye</td>
<td>Principal sum</td>
</tr>
<tr>
<td>Speech and hearing</td>
<td>Principal sum</td>
</tr>
<tr>
<td>One arm or one leg</td>
<td>Three-quarters of Principal sum</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>Two-thirds of Principal sum</td>
</tr>
<tr>
<td>Entire sight of one eye</td>
<td>Two-thirds of Principal sum</td>
</tr>
<tr>
<td>Either speech or hearing</td>
<td>Two-thirds of Principal sum</td>
</tr>
<tr>
<td>Four fingers of either hand</td>
<td>One-third of Principal sum</td>
</tr>
<tr>
<td>Thumb and index finger of either hand</td>
<td>One-third of Principal sum</td>
</tr>
<tr>
<td>Hearing in one ear</td>
<td>One-third of Principal sum</td>
</tr>
<tr>
<td>All toes of one foot</td>
<td>One-quarter of Principal sum</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>Two times the Principal sum</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>Two times the Principal sum</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>Two times the Principal sum</td>
</tr>
</tbody>
</table>

Additional benefits
The following benefits are also contained in the plan:
- Bereavement Benefit up to $1,000
- Common Disaster Benefit
- Conversion Option
- Critical Disease Benefit up to $25,000
- Day Care Benefit up to $5,000
- Education Benefit up to $5,000
- Extended Family Benefit
- Eyeglasses, Contact Lenses and Hearing Aids Benefit up to $1,000
- Family Transportation Benefit up to $15,000
- Funeral Expense Benefit up to $5,000
- Home Alteration and Vehicle Modification Benefit up to $15,000
- Identification Benefit up to $5,000
- Rehabilitation Benefit up to $15,000
- Repatriation Benefit up to $15,000
- Spousal Retraining Benefit up to $15,000

For more details on each of these benefits, please contact ADIUM Insurance Services Inc.
Exclusions
Benefits are not payable in the event of:
- suicide or any attempt thereto or intentionally self-inflicted injury, while sane or insane;
- declared or undeclared war;
- full-time service in the armed forces of any country;
- piloting or acting as a crew member on any aircraft;
- riding as a passenger, operator, or member of the crew on an aircraft owned, operated or leased by the policyholder (AMA).

Termination
Your insurance ends on the earliest of the following:
- the date the master contract is terminated;
- the premium due date if premiums are not paid, except as the result of inadvertent error;
- the policy anniversary date coinciding with or immediately following your 75th birthday;
- the policy anniversary date coinciding with or immediately following termination of your membership in the AMA or NWTMA, provided premiums are paid;
- the first of the month coinciding with or immediately following receipt by the AMA of your written request to terminate coverage; or
- the date of your death.

Your insured spouse’s and/or insured dependent children’s insurance ends on the earliest of the following:
- the date the spouse or child ceases to be eligible;
- the date your insurance is terminated, except as provided under “Extended Family Benefit”.

Easy to apply
1) Once you have determined the coverage you want to apply for, complete the appropriate application form:
- To apply for coverage under the disability insurance, professional overhead expense, term life insurance and critical illness insurance plans, please use the application form provided by Sun Life Assurance Company of Canada,
- To apply for coverage under the accidental death and dismemberment insurance plan, please use the application form provided by Industrial Alliance Insurance and Financial Services Inc.

2) Return your application to ADIUM:
- By mail: ADIUM Insurance Services Inc.
  CMA Alberta House
  12230 106 Avenue NW
  Edmonton AB T5N 3Z1
- By fax: 780.488.7558 or toll-free 1.877.302.3486

3) DO NOT SEND MONEY with your application.
Upon approval of your application, you will receive your certificate of insurance and a premium notice for the balance of the insurance year (to December 31). You may pay your invoice by cheque, or you may set-up monthly (interest free) or annual pre-authorized payments (P.A.P.).

If you have any questions about completing the application please contact ADIUM at 780.482.0692, or toll-free at 1.800.272.9680 ext. 692, or by email (adium@albertadoctors.org).

About ADIUM Insurance Services Inc.
ADIUM Insurance Services Inc. (ADIUM) is a wholly owned subsidiary of the Alberta Medical Association, and the insurance brand for both our group and individual insurance offerings. ADIUM holds life and accident & sickness insurance licenses with the Alberta Insurance Council as does its licensed insurance advisors. In addition to AMA’s offering of competitive group insurance programs, ADIUM is also contracted with other insurers for the placement of individual insurance products in order to satisfy unique insurance requirements of our members. ADIUM is derived from the latin Adiumentum; to help, assist, support and is loosely based on the acronym ADI for Alberta Doctors’ Insurance.
In 2017, insured members benefit from the AMA premium credit on the published disability, professional overhead expense and term life insurance rate tables. See footnote for actual credit.

*Rates and premium credit are not guaranteed.

Insurance Rate Schedule

Disability insurance:
Annual premium per $100 of monthly benefits

<table>
<thead>
<tr>
<th>Male</th>
<th>Non smoker</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 days</td>
<td>60 days</td>
</tr>
<tr>
<td>Under 35</td>
<td>$12.62</td>
<td>$10.10</td>
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<tr>
<td>35-39</td>
<td>20.07</td>
<td>16.05</td>
</tr>
<tr>
<td>40-44</td>
<td>23.85</td>
<td>19.08</td>
</tr>
<tr>
<td>45-49</td>
<td>28.05</td>
<td>22.44</td>
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<tr>
<td>50-54</td>
<td>34.98</td>
<td>27.98</td>
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<tr>
<td>55-59</td>
<td>39.97</td>
<td>31.98</td>
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<tr>
<td>60-64</td>
<td>46.29</td>
<td>37.03</td>
</tr>
<tr>
<td>65-69</td>
<td>27.48</td>
<td>23.36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Female</th>
<th>Non smoker</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 days</td>
<td>60 days</td>
</tr>
<tr>
<td>35-39</td>
<td>38.88</td>
<td>31.10</td>
</tr>
<tr>
<td>40-44</td>
<td>46.17</td>
<td>36.93</td>
</tr>
<tr>
<td>45-49</td>
<td>54.34</td>
<td>43.47</td>
</tr>
<tr>
<td>50-54</td>
<td>59.55</td>
<td>47.65</td>
</tr>
<tr>
<td>55-59</td>
<td>62.53</td>
<td>50.02</td>
</tr>
<tr>
<td>60-64</td>
<td>68.96</td>
<td>55.17</td>
</tr>
<tr>
<td>65-69</td>
<td>40.95</td>
<td>34.81</td>
</tr>
</tbody>
</table>

Optional riders

<table>
<thead>
<tr>
<th>Optional Riders</th>
<th>Cost of Living Adjustment (COLA) Annual premium as a percentage of basic DI premium</th>
<th>Own Occupation Annual premium as a percentage of basic DI premium</th>
<th>Guaranteed Insurability Benefit (GIB) Annual premium</th>
<th>Retirement Protection Annual premium per $500 of monthly benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attained age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 35</td>
<td>15%</td>
<td>15%</td>
<td>80.00</td>
<td>65.00</td>
</tr>
<tr>
<td>35-39</td>
<td>20%</td>
<td>15%</td>
<td>80.00</td>
<td>95.00</td>
</tr>
<tr>
<td>40-44</td>
<td>20%</td>
<td>15%</td>
<td>80.00</td>
<td>95.00</td>
</tr>
<tr>
<td>45-49</td>
<td>20%</td>
<td>15%</td>
<td>80.00</td>
<td>145.00</td>
</tr>
<tr>
<td>50-54</td>
<td>20%</td>
<td>15%</td>
<td>80.00</td>
<td>145.00</td>
</tr>
<tr>
<td>55-59</td>
<td>15%</td>
<td>15%</td>
<td>–</td>
<td>155.00</td>
</tr>
<tr>
<td>60-64</td>
<td>15%</td>
<td>15%</td>
<td>–</td>
<td>155.00</td>
</tr>
<tr>
<td>65-69</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

These figures represent the annual rates of the disability insurance plan. Rates are not guaranteed and increase with each age band. Age in this rate schedule is your age as of January 1st each year.

The complete terms and conditions governing the insurance coverage are found in the group insurance policy issued to the Alberta Medical Association by Sun Life Assurance Company of Canada (a member of the Sun Life Financial group of companies).

Before the 2017 AMA Premium Credit of 20%.
Professional overhead expense insurance:
Annual premium per $100 of monthly benefits\(^{11}\)

### 14-day waiting period

| Male | | Female |
|------|----------------|
| Age  | Non-smoker | Smoker | Age  | Non-smoker | Smoker |
| 39 & under | $11.97 | $13.88 | 39 & under | $15.56 | $18.05 |
| 40-44 | 14.84 | 16.76 | 40-44 | 19.29 | 21.78 |
| 45-49 | 20.59 | 22.50 | 45-49 | 26.76 | 29.25 |
| 50-54 | 25.85 | 28.73 | 50-54 | 29.73 | 33.04 |
| 55-59 | 25.85 | 28.73 | 55-59 | 29.73 | 33.04 |
| 60-64 | 30.16 | 34.18 | 60-64 | 30.16 | 34.18 |
| 65-69 | 33.51 | 38.30 | 65-69 | 33.51 | 38.30 |
| 70-74 | 47.98 | 54.84 | 70-74 | 47.98 | 54.84 |
| 75-79 | 70.83 | 80.95 | 75-79 | 70.83 | 80.95 |

### 30-day waiting period

| Male | | Female |
|------|----------------|
| Age  | Non-smoker | Smoker | Age  | Non-smoker | Smoker |
| 39 & under | $8.69 | $9.65 | 39 & under | $11.29 | $12.55 |
| 40-44 | 10.62 | 12.06 | 40-44 | 13.80 | 15.68 |
| 45-49 | 14.96 | 16.89 | 45-49 | 19.44 | 21.95 |
| 50-54 | 18.82 | 20.75 | 50-54 | 21.64 | 23.86 |
| 55-59 | 18.82 | 20.75 | 55-59 | 21.64 | 23.86 |
| 60-64 | 22.29 | 24.63 | 60-64 | 22.29 | 24.63 |
| 65-69 | 25.09 | 28.95 | 65-69 | 25.09 | 28.95 |
| 70-74 | 35.75 | 41.25 | 70-74 | 35.75 | 41.25 |
| 75-79 | 52.69 | 60.80 | 75-79 | 52.69 | 60.80 |

### Guaranteed Insurability Benefit (GIB) rider

**Annual premium** $40.00

GIB premium is $40.00 each year until you have reached age 60.

These figures represent the annual rates of the professional overhead expense insurance plan. Rates are not guaranteed and increase with each age band. Age in this rate schedule is your age as of January 1st each year. The complete terms and conditions governing the insurance coverage are found in the group insurance policy issued to the Alberta Medical Association by Sun Life Assurance Company of Canada (a member of the Sun Life Financial group of companies).

\(^{11}\)Before the 2017 AMA Premium Credit of 20%.

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Remember, the AMA Premium Credit is an added benefit of AMA membership that allows our members to purchase exclusive insurance products on a not for profit basis.
Term life insurance:
Annual premium per $50,000 benefit

<table>
<thead>
<tr>
<th></th>
<th>Standard rate</th>
<th></th>
<th>Preferred rate</th>
<th></th>
<th>Elite rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male non-smoker</td>
<td>Male smoker</td>
<td>Female non-smoker</td>
<td>Female smoker</td>
<td>Male</td>
</tr>
<tr>
<td>30-34</td>
<td>19.62</td>
<td>44.46</td>
<td>15.99</td>
<td>32.49</td>
<td>17.66</td>
</tr>
<tr>
<td>35-39</td>
<td>25.43</td>
<td>73.11</td>
<td>18.90</td>
<td>49.59</td>
<td>22.50</td>
</tr>
<tr>
<td>40-44</td>
<td>33.64</td>
<td>101.75</td>
<td>25.53</td>
<td>66.69</td>
<td>28.19</td>
</tr>
<tr>
<td>45-49</td>
<td>48.03</td>
<td>126.54</td>
<td>31.15</td>
<td>88.92</td>
<td>36.02</td>
</tr>
<tr>
<td>50-54</td>
<td>72.37</td>
<td>273.60</td>
<td>53.51</td>
<td>185.54</td>
<td>49.37</td>
</tr>
<tr>
<td>55-59</td>
<td>131.58</td>
<td>389.88</td>
<td>90.19</td>
<td>246.24</td>
<td>97.40</td>
</tr>
<tr>
<td>60-64</td>
<td>242.74</td>
<td>513.86</td>
<td>164.97</td>
<td>381.33</td>
<td>179.62</td>
</tr>
<tr>
<td>65-69</td>
<td>369.92</td>
<td>650.66</td>
<td>175.15</td>
<td>406.98</td>
<td>273.67</td>
</tr>
<tr>
<td>70-74</td>
<td>775.44</td>
<td>1,366.29</td>
<td>387.36</td>
<td>898.61</td>
<td>573.73</td>
</tr>
</tbody>
</table>

Standard rates
It is anticipated that 50% of applicants who do not smoke and are healthy will qualify for the standard non-smoker underwriting class.

Preferred rates
Preferred rates are available for coverage starting at $250,000. You must be in very good health and lead a low risk lifestyle to qualify for these rates. It is estimated that 35% of non-smoker applicants will qualify for the preferred underwriting class.

Elite rates
Elite rates are available for coverage starting at $250,000. You must be in exceptionally good health and lead a low risk lifestyle to qualify for these rates. It is expected that 15% of non-smoker applicants will qualify for the elite underwriting class.

Optional riders

Future Insurance Option
Annual premium\(^{12}\)$30.00

Waiver of Premium
Annual premium\(^{14}\) 16% of base plan premium

---

\(^{12}\) Before the 2017 AMA Premium Credit of 20%.

\(^{13}\) Future Insurance Option rider premiums end on the policy anniversary date coincident with or next following attainment of age 55.

\(^{14}\) Waiver of premium rider premiums end on the policy anniversary date coincident with or next following attainment of age 65.

These figures represent the annual rates of the term life insurance plan. Rates are not guaranteed and increase with each age band. Age in this rate schedule is your age as of January 1st each year. The complete terms and conditions governing the insurance coverage are found in the group insurance policy issued to the Alberta Medical Association by Sun Life Assurance Company of Canada (a member of the Sun Life Financial group of companies).
**Critical illness insurance:**
Annual premium per $10,000 benefit

<table>
<thead>
<tr>
<th>Male</th>
<th>Non-smoker</th>
<th>Smoker</th>
<th>Female</th>
<th>Non-smoker</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>$13.03</td>
<td>$16.91</td>
<td>Under 30</td>
<td>$12.40</td>
<td>$14.95</td>
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<td>30-34</td>
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<td>35-39</td>
<td>22.06</td>
<td>33.98</td>
<td>35-39</td>
<td>29.07</td>
<td>46.58</td>
</tr>
<tr>
<td>40-44</td>
<td>32.28</td>
<td>59.89</td>
<td>40-44</td>
<td>39.58</td>
<td>74.96</td>
</tr>
<tr>
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<td>55.30</td>
<td>118.10</td>
<td>45-49</td>
<td>57.45</td>
<td>119.79</td>
</tr>
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<td>50-54</td>
<td>89.82</td>
<td>221.83</td>
<td>50-54</td>
<td>76.71</td>
<td>167.43</td>
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<tr>
<td>55-59</td>
<td>142.24</td>
<td>366.74</td>
<td>55-59</td>
<td>103.33</td>
<td>218.22</td>
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<td>60-64</td>
<td>233.98</td>
<td>588.81</td>
<td>60-64</td>
<td>146.41</td>
<td>280.56</td>
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<td>404.88</td>
<td>903.12</td>
<td>65-69</td>
<td>239.64</td>
<td>397.56</td>
</tr>
<tr>
<td>70-74</td>
<td>654.92</td>
<td>1599.72</td>
<td>70-74</td>
<td>354.24</td>
<td>569.89</td>
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</tbody>
</table>

**Optional riders**

<table>
<thead>
<tr>
<th>Waiver of Premium</th>
<th>Annual premium</th>
<th>6% of base premium</th>
</tr>
</thead>
</table>

**Child Critical Illness**

$36.00 per $5,000 unit

Waiver of Premium premiums are not payable after age 65.

Child Critical Illness premiums stop after you no longer have eligible dependent children.

These figures represent the annual rates of the critical illness insurance plan. Rates are not guaranteed and increase with each age band. The complete terms and conditions governing the insurance coverage are found in the group insurance policy issued to the Alberta Medical Association by Sun Life Assurance Company of Canada (a member of Sun Life Financial group of companies).

**Accidental death and dismemberment insurance:**
Annual premium per $50,000 benefit

<table>
<thead>
<tr>
<th>Member only</th>
<th>Member/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 75</td>
<td>$18.00</td>
</tr>
<tr>
<td>Under age 75</td>
<td>$24.00</td>
</tr>
</tbody>
</table>

These figures represent the annual rates of the accidental death and dismemberment plan and are not guaranteed. On the policy anniversary date (i.e., January 1st) following your attainment of age 70, the benefit becomes the lesser of your current coverage amount or $100,000. The complete terms and conditions governing the insurance coverage are found in the group insurance policy issued to the Alberta Medical Association by Industrial Alliance Insurance and Financial Services Inc.
This document provides the highlights and not the details of the group insurance programs offered as an exclusive benefit of AMA membership. The complete terms and conditions governing the group insurance programs are found in the group insurance policies issued to the Alberta Medical Association by the respective insurance companies.