



Canadian Executive Service Organization Policy Number 056/027087A - Class 1 and 2

Eligibility	All Volunteer Advisors who serve in the International Program, Indigenous Services Program and Reverse Assignment Individuals who are under age 79.
Scope of Coverage	Your protection is worldwide and applies for any injury sustained 24-Hours a day while your coverage is in force. Benefits are payable regardless of any other benefits that you may receive from any insurance company other than Sutton Special Risk Inc., or any other organization.
Claim Procedures	Written notice must be given to Insurer within 30 days and written proof must be submitted within 90 days of the date a claim arises.
How to Claim	Download and complete claims forms from www.suttonspecialrisk.com . For claims and benefits inquiries call: 1-800-461-3292 or email: claims@suttonspecialrisk.com
Currency	Benefits will be payable in Canadian currency.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

Accidental Death & Dismemberment Insurance

Benefit Amount	You are insured for the Principal Sum indicated below: \$75,000		
Weekly Accident Indemnity Additional Benefits	Weekly Amount: 70% of Weekly Earnings to a maxim Elimination Period: 3 days each and every loss (ben Maximum Number of Weeks Payable: 52 weeks Repatriation - maximum \$15,000 Identification - maximum \$15,000 Rehabilitation - maximum \$15,000 Rehabilitative Physical Therapy - maximum \$10,000 Funeral - maximum \$5,000 Bereavement - maximum \$1,500 (limited to 6 sessions) Spousal Retraining - maximum \$15,000 Special Education - 5% of Benefit Amount to maximum of \$10,000 per year Day Care - 5% of Benefit Amount to maximum of \$5,000 per year The additional benefits provided under the plan indeprovisions and limitations, contact your plan admining	 Family Transportation - maximum \$15,000 Home Alteration & Vehicle Modification - maximum \$15,000 or 10% of Benefit Amount to a maximum of \$25,000, whichever is greater Psychological Therapy - maximum \$5,000 Seat Belt - 10% of Benefit Amount Parental Care - 10% of Benefit Amount to a maximum of \$10,000 Emergency Evacuation - maximum of \$10,000 per Insured Person and \$100,000 in the aggregate 	
Aggregate Limit	\$30,000,000 for any one known accumulation and \$1,5	500,000 per any one Aircraft accumulation	
Exposure	If, while this coverage is in force, you are unavoidably exposed to the elements due to an accident and if, as the result of such exposure and within 365 days of the accident, you suffer a loss which would otherwise be payable, such loss will be covered.		

Group Accident Benefit Summary (continued)

Disappearance	If you disappear and your body is not found within one year and sufficient evidence that you sustained accidental bodily injury which caused your death, the Insurer will provided that the person or persons to whom such sum is paid sign an undertaking Insurer if you are subsequently found to be living.	pay the Principal Sum,	
Loss Schedule	If your bodily injuries result in your Accidental Death, Dismemberment, Loss of Speech and/or Hearing, Paralysis and Loss of Use occurring within 12 months of the date of the accident, the Insurer will pay the percentage of the Principal Sum shown opposite such loss. Each sum is calculated based on your amount of Principal Sum.		
	Percenta	ge of Principal Sum	
	Loss of Life	100%	
	Loss of or Loss of Use of Both Arms	100%	
	Loss of or Loss of Use of Both Legs		
	Loss of or Loss of Use of Both Hands		
	Loss of or Loss of Use of Both Feet		
	Loss of Entire Sight of Both Eyes		
	Loss of or Loss of Use of One Hand and Entire Sight of One Eye		
	Loss of or Loss of Use of One Foot and Entire Sight of One Eye		
	Loss of or Loss of Use of One Arm	75%	
	Loss of or Loss of Use of One Leg		
	Loss of Entire Sight of One Eye		
	Loss of or Loss of Use of One Hand		
	Loss of or Loss of Use of Thumb and Index Finger of Any One Hand		
	Loss of or Loss of Use of Four Fingers of Any One Hand		
	Loss of All Toes on One Foot		
	Loss of Speech and Hearing in Both Ears	100%	
	Loss of Speech		
	Loss of Hearing in Both Ears	67%	
	Loss of Hearing in One Ear	25%	
	Paraplegia (Both Lower Limbs)		
	Hemiplegia (Upper and Lower Limbs on the Same Side of the Body)		
	Quadriplegia (Both Upper and Lower Limbs)	200%	
	Brain Death	100%	
	NOTE: If more than one of the losses occur as the result of one accident, the total	al amount pavable shall no	
	exceed the Principal Sum or in the case of Paralysis, benefits shall not exceed 200		
Exclusions	This insurance does not cover any claim arising out of bodily injury caused or contrib	outed to by:	
	a) actively participating in any conflict of War, invasion, Acts of Terrorism, civil commotions or riots of any kind		
	b) declared or undeclared War or any act thereof or invasion occurring within the C Residence;	Covered Person's Country of	
	c) training, serving or taking part in any capacity in the armed forces (land, sea or any country or international authority;	air) or their operations, of	
	d) while serving as a pilot or crew member of any aircraft or while as a passenger used for a purpose other than transportation;	in an aircraft which is being	
	e) suicide or attempted suicide or intentional self-injury; or		
	f) acts of War or Acts of Terrorism which involve the use or release or the threat the or device or chemical or biological agent, regardless of any contributory cause(s		
Payment of Benefits	Benefits for Loss of Life are payable to the Insured Person's designated beneficiary (or to the Insured Person's Estate if no such designation is made). All other claims will be paid to the Insured Person.		