

5 YEAR ACCIDENT ONLY DISABILITY PLAN

IF YOU QUALIFY

Monthly benefits available from \$100-\$5,000
for Accidental Total Disability

Accidental Total Disability Benefit

up to 50% of your monthly income when you apply for coverage

Coverage
Example

\$1,500

Benefit paid to you every month you are totally disabled because of a covered accident, for up to 5 years.

PAID FROM THE 1ST DAY* OF MEDICAL TREATMENT

Benefits payable for up to 5 years, for any one accident, while you are under the regular care of your own physician and totally disabled due to an injury caused by a covered accident.

Accidental Total Disability and Accidental Partial Disability must begin within 90 days of the accident.

Once you qualify, your benefit is fixed, even if your income has fluctuated before you make a claim

Accidental Partial Disability Benefit

equal to 50% of your Accidental Total Disability Benefit

Coverage
Example

\$750

Benefit paid to you every month for up to 4 full months if you are partially disabled due to an injury caused by a covered accident.

PAID FROM THE 1ST DAY* OF ACCIDENTAL PARTIAL DISABILITY

Once you qualify, your benefit is fixed, even if your income has fluctuated before you make a claim

PLUS Accidental Death Benefit

Up to

\$10,000

Accidental death benefit begins with up to \$5,000 in the 1st year and increases by 10% of the original benefit while your policy remains in force, up to a maximum of \$10,000.

If the Minimum Accidental Total Disability benefit of \$100 is selected, the accidental death benefit starts at \$2,500 and increases by 10% of the original benefit while your policy remains in force, up to a maximum of \$5,000.

Accidental death must occur within 365 days of the covered accident.

Accidental Dismemberment & Loss of Sight

Benefits Up to \$5,000, unless the minimum Accidental Total Disability benefit of \$100 is selected, then it is capped at \$2,500.

Benefit paid in addition to any other benefits

However, only one of the accidental death, dismemberment or loss of sight benefits is paid per accident

IMPORTANT FEATURES:

- Choose your own Canadian physician for your primary medical attention
- Soft tissue injuries, back injuries, or sprains/strains are covered
- No taxes are withheld

**Elimination period may apply based on age at time of application.*

BENEFITS FOR A COVERED ACCIDENT ARE PAYABLE REGARDLESS OF ANY OTHER TYPE OF BENEFIT YOU RECEIVE

- 24/7/365 COVERAGE
- DURING OR OUTSIDE OF WORK
- ACROSS NORTH AMERICA

www.landmarkcanada.ca

This is accident only coverage and does not provide coverage in the event of a disability resulting from sickness

CHOOSE THE PLAN THAT SUITS YOUR NEEDS

	ACCIDENTAL TOTAL DISABILITY (5 YEARS)	ACCIDENTAL PARTIAL DISABILITY (MAXIMUM 4 MONTHS)	ACCIDENTAL DEATH	DISMEMBERMENT & LOSS OF SIGHT**
Example	Monthly Benefit	Monthly Benefit	Maximum Benefit	Maximum Benefit
A	\$800	\$400	\$10,000	\$5,000
B	\$1,000	\$500	\$10,000	\$5,000
C	\$3,000	\$1,500	\$10,000	\$5,000
D	\$5,000	\$2,500	\$10,000	\$5,000

**Accidental dismemberment and loss of sight benefits are based on a % of the principal sum

OTHER IMPORTANT FEATURES

- 31-day grace period for payment of premiums (except initial premium)
 - Provides coverage when traveling as a paying passenger on a commercial airline
- Waiver of premium provision
 - Optional elimination periods

GUARANTEED RENEWABLE

Your coverage automatically renews up to age 65, regardless of any change in your health, or the number of claims you have made, as long as you pay your premiums when due. After reaching age 65, your coverage renews for as long as you continue working full-time in an approved occupation. No change may be made in your premium unless the same change is applied to all insured persons in the same class for the same coverage or you request a change in your coverage.

IMPORTANT EXCEPTIONS AND LIMITATIONS

This Policy does not pay benefits, cover any loss or otherwise make a benefit available if the Accident or Injury is caused by, directly or indirectly, in whole or in part, or occurs: (1) outside Canada, the United States of America or its possessions, or Mexico; (2) attempted suicide, suicide, or any self-inflicted injury or illness, whether or not You are of sound mind at the time; (3) any psychiatric, psychological, emotional, mental, or nervous disorder, including but not limited to depression, anxiety, stress, and burnout, regardless of the cause thereof; (4) illness or disease, including but not limited to chronic fatigue, chronic pain, fibromyalgia, myalgia, encephalomyelitis, neuromyasthenia, long Covid, Epstein-Barr, or similar conditions by other names; (5) during air travel, except as a fare paying passenger in any commercial aircraft; (6) pregnancy, childbirth, or miscarriage; (7) while engaged in military or naval service of any country at war, or from war or any act of war or participation in insurrection or riot; (8) dental treatment except when such treatment is for an Injury to sound natural teeth or gums; (9) You being under the influence of any narcotics, alcohol, or drugs unless administered on the advice of a Physician and in compliance with their instructions; (10) the participation in, or attempt to participate in, a criminal offence, under any applicable law, whether or not charged or convicted of such offence; (11) being engaged in any competitive racing, speed contests, or stunt driving; or (12) a Pre-Existing Condition within two years of the later of the Policy Date and the date of latest reinstatement of the Contract (as applicable).

You shall never be considered disabled from two or more disabilities concurrently nor from Accidental Total Disability and Accidental Partial Disability concurrently. Benefits are not payable for any period during which You are no longer experiencing Accidental Total Disability or Accidental Partial Disability (if applicable). Waiver of premium after 180 consecutive days for which the Monthly Accidental Total Disability Benefit is payable.

IMPORTANT DEFINITIONS

Accidental Total Disability means that, as a result of an Injury, You are: (1) receiving Appropriate Treatment; and (2) unable to perform any of the regular duties of Your current occupation or profession; and (3) not actively engaged in any other occupation or profession for which You are remunerated. Accidental Total Disability begins no earlier than the first medical treatment following the Injury. After the Monthly Accidental Total Disability Benefit stated in the Policy Schedule for the applicable Coverage has been paid for twenty-four months, Accidental Total Disability means You continue to receive Appropriate Treatment and, for the remaining period thereafter, Your complete inability to engage in any and every occupation or profession for which You are reasonably fitted by education, training or experience.

Accidental Partial Disability means that, as a result of an Injury, You: (1) are receiving Appropriate Treatment; and (2) have sustained loss of employment income (including wages, salary, or commissions) or business income due to Your inability to perform one or more of the regular duties of Your current occupation or profession.

Elimination Period means the initial period of Your continuous Accidental Total Disability or Accidental Partial Disability (as applicable) during which no benefits are payable under the applicable Coverage. The duration of the Elimination Period for the applicable Coverage is stated in the most recent Policy Schedule.

Injury means bodily injury caused solely and directly by an Accident, independently of all other causes including disease or illness.

