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<th>Coverage</th>
<th>Benefit Description</th>
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| Eligibility      | • Permanent full-time employees who are participating in the Group Life Insurance Plan and are under 65 years of age are eligible to be covered.  
                    • Must complete an application that includes a Health Questionnaire.  
                    • Insurer may request additional information (i.e. Doctor’s report).  
                    • Insurer will review the application and any additional information and will approve or decline coverage.  |
| Benefit Amount   | • Available in multiples of $25,000 to a maximum of $250,000.  |
| Premium Amount   | • Dependent on the age and gender of the employee as well as whether they are a smoker or non-smoker.  
                    • The member is responsible for the full amount of the premium through bi-weekly payroll deduction.  |
| Effective Date of Coverage | • Effective on the 1st day of the month following the date the application is approved by the insurer.  |
| Changes in Coverage Amount | • A change in the amount of optional insurance coverage is effective from the 1st day of the month following the date of the change.  
                                • The member must be actively at work in order for the amount of the insurance to increase.  
                                • The insurer may request additional medical evidence.  |
| Termination of Coverage | • The earlier of:  
                                - the day before the member attains age 65;  
                                - day on which the member no longer has Basic Life coverage; or  
                                - the date the member has asked, in writing, to have the optional insurance cancelled.  |
| Beneficiary      | • May appoint one or more beneficiaries or change the appointed beneficiaries.  
                                • Designation of beneficiaries or a request to change beneficiaries must be in writing.  |
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| Waiver of Premium | • If a member becomes totally disabled prior to age 65 and remains disabled for a period of 6 consecutive months, coverage under the Optional Life Insurance Plan remains in force.  
• Member is not required to make premium payments until:  
  - member ceases to be totally disabled, or  
  - 3 months after the date that proof of total disability is requested and not received by the insurer, or  
  - the member attains age 65, whichever occurs first. |
| Conversion Privilege | • A member who ceases to be insured prior to their 65th birthday may ask the insurer to issue a policy of individual life insurance without being required to submit evidence of insurability.  
• A written application and first premium payment must be submitted to the insurer within 31 days after coverage has terminated.  
• The individual policy must not be less than the minimum amount for which the insurer issues a policy and not more than the amount the member was insured for at the time they ceased to be insured, up to a maximum of $200,000.  
• The maximum amount of insurance eligible for conversion will be reduced by the total amount of insurance in force, which was previously obtained under the terms of a Conversion Privilege included in this same policy. |
| Exclusions   | • No benefit is payable if an individual commits suicide while sane or insane, within two years of the effective date of the coverage, or increased coverage. |

This summary provides general information only. The terms and conditions of the insurer’s contract will apply.

December 2015