



The policy is issued by Sun Life Assurance Company Of Canada (*Sun Life*), a member of the Sun Life Financial group of companies, on the basis of the application of the Policyholder and in consideration of the payment of premiums as herein provided.

Sun Life will pay the benefits provided under this policy to the persons entitled to receive them.

POLICY NUMBER	71309
POLICYHOLDER	The Government Of The Province Of Nova Scotia
EFFECTIVE DATE	September 1, 1994
POLICY ANNIVERSARIES	January 1 and the same day of each subsequent year.
PREMIUM DUE DATES	The effective date and the same day of each following month.
CURRENCY	Canadian Dollars, lawful money of Canada.
PLACE OF PAYMENT	Benefits and premiums are payable at any office in Canada of Sun Life Assurance Company of Canada.
PLACE OF ISSUE	Province of Nova Scotia

The provisions printed or written by Sun Life on this and the following pages form part of the policy.

This amendment is accepted by the policyholder and the amended pages form part of the policy.

Amendment no. A10 effective April 1, 2009

The attached policy replaces the previous policy in its entirety.

GROUP TERM INSURANCE POLICY

Table of Contents

1. GENERAL DEFINITIONS	1-1
2. INSURING PROVISIONS FOR BASIC EMPLOYEE LIFE BENEFIT	2-1
3. INSURING PROVISIONS FOR OPTIONAL EMPLOYEE LIFE BENEFIT	3-1
4. GENERAL PROVISIONS	4-1
5. CLAIMS	5-1
6. PREMIUMS	6-1
7. BENEFIT SCHEDULE (FOR CLASS A)	7-1
8. BENEFIT SCHEDULE (FOR CLASS B)	8-1
9. BENEFIT SCHEDULE (FOR CLASS C)	9-1
10. BENEFIT SCHEDULE (FOR CLASS D)	10-1
11. BENEFIT SCHEDULE (FOR CLASS E)	11-1
12. SCHEDULE "A"	12-1

1. GENERAL DEFINITIONS

The following definitions apply generally throughout this policy unless a more specific meaning is provided:

ACTIVELY AT WORK means that on the date in question, the person reports for work at the usual place of employment with the employer which is outside the person's home, and is able to perform all of the usual and customary duties of the person's occupation on a regular full-time basis. If a person does not customarily so report, or if the usual place of employment with the employer is not outside of the home, the person will be considered actively at work if at any time on the date in question the person is neither 1. confined to a hospital, nor 2. disabled to a degree that the person could not have then reported to a place of employment outside of the home and performed all of the usual and customary duties of the person's occupation on a regular and full-time basis.

BASIC EARNINGS means the gross bi-weekly earnings that the Employee receives from the Employer, excluding any bonus, commission, overtime or acting pay.

COMPANY means Sun Life Assurance Company of Canada.

CONTRIBUTORY means an Insured is required to pay part of the insurance premium.

EMPLOYER means either the Policyholder or an affiliated company as applicable in the circumstances.

ILLNESS means a bodily injury, disease, mental infirmity or sickness. Any surgery, needed to donate a body part to another person, which causes total disability, is an illness.

INSURED means any person who is eligible for insurance and for whom insurance is in force under the terms of this policy.

POLICYHOLDER means The Government Of The Province Of Nova Scotia. It also includes any affiliated company, where the context clearly so requires.

REPLACING CONTRACT/TRANSITIONAL In the event that this policy constitutes a replacing contract to a group policy which is cancelled within 31 days prior to the effective date of this policy, coverage under this policy is administered in accordance with applicable legislation and guidelines of the relevant Superintendent of Insurance and the Canadian Life and Health Insurance Association ("CLHIA") covering such replacements of group insurance.

1. This policy is issued in replacement of Group Policy ST 51572 as amended, issued by the Company to be effective the first day of January 1985.
2. Notwithstanding anything to the contrary herein, all employees insured under the replaced policy immediately prior to the Effective Date of this policy shall, provided they satisfy the eligibility requirements of this policy, become insured under this policy as of its Effective Date.

3. In respect only of an employee who was insured under the replaced policy and becomes insured under this policy on an uninterrupted basis, the beneficiary last designated under such policy shall be the beneficiary of any death benefit payable under this policy. Any such employee may change the beneficiary from time to time as provided under this policy.
4. Subsequent amendments of this policy will commence with Amendment No. 1.

SEASONAL EMPLOYEE means a Civil Service bargaining unit employee who works on a seasonal basis for more than ten (10) weeks but less than fifty-two (52) weeks in a year and returns in a subsequent season to the same department and the same geographic location.

TEMPORARY EMPLOYEE means a Civil Service bargaining unit employee who is employed for more than ten (10) continuous weeks but less than thirty-nine (39) continuous weeks (nine (9) months) or employed in the same department for more than ten (10) weeks but less than thirty-nine (39) weeks in a fifty-two (52) week period.

WAITING PERIOD means the period of time shown in the BENEFIT SCHEDULE during which a person must be in an eligible classification prior to becoming an Insured.

2. INSURING PROVISIONS FOR BASIC EMPLOYEE LIFE BENEFIT

INSURED'S ELIGIBILITY

A person becomes eligible for insurance under this policy when the person has satisfied the eligibility requirements shown in the BENEFIT SCHEDULE for the person's classification. This is known as the person's eligibility date.

Basic coverage is a condition of employment.

Eligible Employees include Civil Service Bargaining Unit Employees (excluding Temporary Employees), Canadian Union of Public Employees Local 1867 Nova Scotia Highway Workers, Adult Corrections Employees Local 480 and Employees of entities listed in Schedule "A".

COMMENCEMENT OF INSURANCE

A person's insurance commences on the date the person becomes eligible for insurance.

If the person is not Actively At Work on the date the insurance would normally commence, the insurance will not commence until the person returns to active work.

EVIDENCE OF INSURABILITY

The Company requires evidence of insurability in connection with each of the following:

1. increases in the Basic Employee Life coverage for any of the following employees:
 - a. employees who originally declined coverage under Prudential Policy No. GR-4868900;
 - b. employees who opted to remain covered under Class A, which provided a maximum coverage of \$5,000 effective January 1, 1958; and
 - c. employees who were covered for the minimum coverage of \$2,000 as of December 7, 1974 under Class A;
2. for any other specific coverage which may be shown in the BENEFIT SCHEDULE or a Benefit included in this policy.

BENEFIT PAYMENT

Upon receipt of due proof that any person has died while insured under this Benefit, the Company will pay the amount of life insurance applicable to such person in accordance with the BENEFIT SCHEDULE and the provisions of this policy.

INDIVIDUAL TERMINATIONS

A person's insurance will terminate on the earliest of the following dates unless it is continued under the Continuation of Insurance provision, or unless an extension of insurance is specifically provided by the terms of this policy:

1. the date on which this policy terminates. Where the context clearly requires, the termination of a benefit which forms part of this policy, or the termination of any coverage provided by a benefit is treated as a termination of this policy with respect to the insurance provided by such benefit;
2. the date on which the Insured is no longer in a classification which is eligible for the insurance in question;
3. the date on which the person fails to make a contribution to premium as required; and
4. the date on which the person attains the age limit, if any, shown in the BENEFIT SCHEDULE.

CONTINUATION OF INSURANCE

While this policy remains in force and the Insured remains in an eligible classification, the Policyholder is entitled to continue coverage during an approved leave of absence, approved temporary lay-off, seasonal layoff or absence due to an illness. Subject to any waiver which may apply for an illness, continuations are on a premium paying basis. Continuations must be administered on a basis that precludes the individual selection of insureds as follows:

1. for any period the Employee is on maternity/parental leave, but not exceeding the period required under the relevant legislation,
2. for such period of notice as required on termination of employment under the relevant legislation, or

Upon return to work, the Insured's coverage shall be the amount in force at the time of commencement of the approved leave of absence. However the Insured's coverage upon return to work shall reflect any changes that would have occurred had the Insured been actively at work.

CONVERSION

When insurance on a person under this Benefit terminates for any reason other than due to a reduction in accordance with the BENEFIT SCHEDULE, or due to a request by the Insured, such insurance can be converted to an individual policy in accordance with the Conditions of Conversion provision in the Claims section.

3. INSURING PROVISIONS FOR OPTIONAL EMPLOYEE LIFE BENEFIT

INSURED'S ELIGIBILITY

A person becomes eligible for insurance under this policy when the person has satisfied the eligibility requirements shown in the BENEFIT SCHEDULE for the person's classification. This is known as the person's eligibility date.

Eligible Employees include Civil Service Bargaining Unit Employees (excluding Temporary Employees), Canadian Union of Public Employees Local 1867 Nova Scotia Highway Workers, Adult Corrections Employees Local 480 and Employees of entities listed in Schedule "A".

ELIGIBILITY

Coverage under this Benefit is subject to the following provisions which are in addition to the provisions of general application in this policy:

1. in order to be eligible for optional life, the Insured must also be enrolled for basic employee life if included in this policy;
 - a. New Employees Applying Within 60 days - Each individual who becomes an eligible employee subsequent to the Effective Date of this policy may apply for optional insurance without evidence of insurability provided the completed application is received by the Policyholder within 60 days after becoming an eligible employee.

Subject to the actively at work requirements, such insurance becomes effective on the date the required application is received by the Policyholder.

2. evidence of insurability may be required by the Company in connection with optional life, as follows:
 - a. New Employees Applying After 60 days - Each individual who becomes an eligible employee subsequent to the Effective Date but for whom the completed application is received by the Policyholder more than 60 days after becoming an eligible employee, must provide evidence of insurability.

Subject to the actively at work requirements, such insurance becomes effective on the date the Company approves the evidence of insurability.

3. Increases In Coverage - Each individual who, while insured for optional life applies for an additional amount of optional life must provide evidence of insurability.

Subject to the actively at work requirements, such insurance becomes effective on the date the Company approves the evidence of insurability.

3. the effective date for each amount of optional life is determined in accordance with the Insuring Provisions of this policy, but it will not be prior to the date on which the following additional requirements have been satisfied:

- a. the person is insured for basic employee life;
 - b. the Company has approved the person's insurability, as may be required for the relevant amount of optional life;
4. optional life on the Insured will terminate on the earliest of the following:
 - a. termination of the Insured's basic employee life insurance, if included; or
 - b. termination of the Insured's eligibility for optional life for any reason;
 5. the minimum participation requirement for optional life is 50% of those individuals eligible for optional life;
 6. the Company is permitted to terminate all optional life under this policy on any premium due date that this minimum requirement is not satisfied. The Policyholder is entitled to not less than 31 days prior notice of termination in writing;
 7. a termination of this Benefit for lack of participation will be treated as a termination of this policy for the purpose of determining conversion rights.

COMMENCEMENT OF INSURANCE

In order to become insured under this policy and thereby an Insured, a person must complete a written application. For this purpose, an application is considered to be made on the date it is received by the employer, completed and signed by the person. Subject to the Actively At Work definition, insurance commences on the latest of the following dates:

1. the date the application is actually made, provided it is made within 60 days after the person's eligibility date;
2. the date the Company approves the person's evidence of insurability if required.

CHANGES

Subject to the Actively At Work definition, increases in coverage become effective on the later of the following dates:

1. the date on which the Insured first becomes eligible for such change;
2. if evidence of insurability is required, the date on which the Insured's evidence is approved by the Company.

Decreases in coverage become effective on the scheduled date whether or not the Insured is actively at work on the scheduled date.

A person must be actively at work on the date the person's insurance would otherwise commence or increase. If the person is not actively at work on the required date, insurance will not commence or increase until the subsequent date on which the person is actively at work. However, if the person is not approved under the Waiver of premium provision, increases in coverage for Optional Life benefit due to increases in basic earnings, become effective on the date of the increase.

EVIDENCE OF INSURABILITY

The Company requires evidence of insurability in connection with each of the following:

1. applications for Optional Employee Life insurance, if required, made more than 60 days after the person's eligibility date. The Company does not pay for this evidence;
2. for any other specific coverage which may be shown in the BENEFIT SCHEDULE or a Benefit included in this policy.

BENEFIT PAYMENT

Upon receipt of due proof that any person has died while insured under this Benefit, the Company will pay the amount of life insurance applicable to such person in accordance with the BENEFIT SCHEDULE and the provisions of this policy.

INDIVIDUAL TERMINATIONS

A person's insurance will terminate on the earliest of the following dates unless it is continued under the Continuation of Insurance provision, or unless an extension of insurance is specifically provided by the terms of this policy:

1. the date on which this policy terminates. Where the context clearly requires, the termination of a benefit which forms part of this policy, or the termination of any coverage provided by a benefit is treated as a termination of this policy with respect to the insurance provided by such benefit;
2. the date on which the Insured is no longer in a classification which is eligible for the insurance in question;
3. the date on which the person fails to make a contribution to premium as required;
4. the date on which the person requests the employer in writing to terminate such insurance; and
5. the date on which the person attains the age limit, if any, shown in the BENEFIT SCHEDULE.

CONTINUATION OF INSURANCE

While this policy remains in force and the Insured remains in an eligible classification, the Policyholder is entitled to continue coverage during an approved leave of absence, approved temporary lay-off, seasonal layoff or absence due to an illness. Subject to any waiver which may apply for an illness, continuations are on a premium paying basis. Continuations must be administered on a basis that precludes the individual selection of insureds as follows:

1. for any period the Employee is on maternity/parental leave, but not exceeding the period required under the relevant legislation,
2. for such period of notice as required on termination of employment under the relevant legislation, or

Upon return to work, the Insured's coverage shall be the amount in force at the time of commencement of the approved leave of absence. However the Insured's coverage upon return to work shall reflect any changes that would have occurred had the Insured been actively at work..

CONVERSION

When insurance on a person under this Benefit terminates for any reason other than due to a reduction in accordance with the BENEFIT SCHEDULE, or due to a request by the Insured, such insurance can be converted to an individual policy in accordance with the Conditions of Conversion provision in the Claims section.

WAIVER OF PREMIUM

The premium due under this Benefit is waived for any Insured who becomes totally disabled while covered by this Benefit, as follows:

1. a waiver cannot begin after the Insured's 65th birthday;
2. total disability means that the Insured is unable solely because of an accident or illness to engage in any occupation for which the person is qualified or may reasonably become qualified by reason of training, education or experience. A person is not totally disabled while gainfully employed;
3. total disability must be uninterrupted for an initial period of at least 6 months. During this time, premiums continue to be payable. If the waiver is approved, a premium credit is given back to the 1st day of the month co-incident with or next following commencement of the initial 6-month period. The waiver continues during each subsequent complete month of approved disability;
4. waiver applies to the coverage of the Insured under this Benefit on the date that disability begins. Coverage will not increase during waiver, but will remain subject to any provisions for reduction in effect on the date that disability begins;
5. initially, proof of disability is required within 14 months after disability begins. Subsequently, the Insured may be required, at reasonable intervals, to provide proof of uninterrupted disability and be examined by a physician or physicians chosen by the Company;
6. waiver terminates on the earlier of the following:
 - a. the date disability no longer continues on an uninterrupted basis;
 - b. failure by the Insured to provide proof of continued disability or undergo a medical examination, as required;
 - c. the Insured's 65th birthday;

7. termination of this policy or the Insured's eligibility for coverage under this policy do not affect a waiver if the total disability occurs prior to the termination;
8. if the Insured's waiver terminates, the person's coverage under this Benefit will either continue on a premium paying basis or it will terminate, in either case as follows:
 - a. if the waiver terminates while this policy is in force and the Insured is in an eligible classification, the Insured's coverage continues with premiums becoming due on the premium due date co-incident with or next following the date on which the waiver terminates; or
 - b. if the waiver terminates after the date on which either this policy terminates or the date on which the Insured ceases to be in an eligible classification, the person's coverage under this Benefit terminates. A 31 day conversion period will run from the date on which the waiver terminates. The amount which can be converted will be based upon either a termination of eligibility or a termination of the policy, whichever is applicable in the circumstances.

EXCLUSION

No benefits are payable for a death which occurs before insurance under this Benefit has been in effect continuously for 2 years with respect to the deceased, if death results directly or indirectly from suicide, intentionally self-inflicted injury while sane or any self-inflicted injury while insane.

If optional life is subject to more than one effective date due to additional amounts having been applied for on the deceased, the 2-year period will run separately from each effective date.

If optional life has been reinstated subsequent to the effective date otherwise applicable, the 2-year period will run from the latest reinstatement.

4. GENERAL PROVISIONS

INSURANCE DATA

The Policyholder is to provide the Company with information required for the calculation of premiums and to ensure that policy terms are fulfilled. The Company may inspect pertinent records of the Employer.

MODIFICATIONS

The terms and/or benefits of this policy may be changed if mutually agreed to by the Policyholder and the Company.

The Policyholder's acceptance of any amendment may be evidenced by the signature of an authorized representative of the Policyholder, or in the absence of such signature, by the payment of premiums due on or after the effective date of the amendment. However, if the change is not a direct result of a request by the Policyholder, the Policyholder is allowed 31 days from the date the amendment is received to object to a change. If the Policyholder does not object during this period, the amendment shall be deemed to be in effect.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION

In the administration of this policy, the Company will comply with legislation pertaining to the protection of personal information in the private sector. Any person claiming benefits under this policy must furnish such information and authorization as may be necessary.

RIGHT TO RECOVER OVERPAYMENTS

The Company has the right to recover all overpayments of benefits either by offsetting against other benefits payable with respect to the Insured or by any other legal means.

POLICYHOLDER NOT THE COMPANY'S AGENT

The Policyholder will not be considered the agent of the Company for any purpose under this policy.

POLICYHOLDER'S ADMINISTRATION

1. The Policyholder may perform certain administrative services under this plan, such as:
 - a. confirmation of eligibility and enrolment of eligible Employees, and
 - b. maintenance of complete Employee files, including beneficiary designations.
2. The Policyholder may, on written notice to the Company, in a form approved by the Company, appoint a third party to perform certain administrative services under this plan, as outlined above, on its behalf. The appointment of a third party administrator will not relieve the Policyholder of its obligations under this policy.

3. The Policyholder agrees:
- a. to comply with all applicable privacy legislation with respect to any personal information provided to the Policyholder or to the third party administrator in connection with the administration of this plan.
 - b. that any personal information provided to the Policyholder or to the third party administrator will only be used for the purpose of performing the administrative services under this plan, and where necessary for the purpose of making any payroll deductions.
 - c. to provide the Company with access to all information and records relating to this policy while this policy is in force and for a period of up to 6 years after the termination of the policy, or until the final settlement of all claims, whichever is later.
 - d. to indemnify and hold harmless the Company from any loss which the Company may incur as a result of the acts or omissions or failure to follow the Company's approved guidelines and procedures by the Policyholder or any third party administrator appointed by the Policyholder to act on its behalf, in carrying out the administrative services agreed to with the Company.

USE OF THE COMPANY SYSTEMS OR SOFTWARE

From time to time, the Company may make available to the Policyholder certain software and/or systems to assist the Policyholder in administering its benefits plan. Such software and/or system may be either proprietary to the Company or licensed by the Company, from a third party.

Should the Policyholder choose to utilize such software or system provided, it agrees to follow and abide by the terms which are posted under the heading "Terms and Conditions" on the Web site www.sunlife.ca/sponsor.

The Company, its affiliated companies, their officers, directors, employees or agents thereof, shall not be responsible in any manner for any harm, loss or damage, however caused, arising out of the Policyholder's use of the software and/or systems, including direct, indirect, special or consequential damages and any damages that the Policyholder may suffer as a result of the loss of any confidential or sensitive information. The limitations in this paragraph will apply regardless of the form of action which may be brought against the Company. This paragraph shall survive termination of this policy.

MISSTATEMENT OF AGE

If a person's age has been misstated, the true age will be used to adjust premiums and benefits for the following items as necessary:

1. the effective date or termination date of insurance;
2. the amount of insurance;
3. any other rights or benefits.

TERMINATION OF POLICY

This policy terminates automatically for non-payment of premium in accordance with the Grace Period provision.

The Policyholder is entitled to terminate this policy for any reason and at any time other than during a period for which the premium has been paid, by giving the Company at its Head Office at least 31 days prior written notice.

The Company is entitled to terminate this policy by giving the Policyholder at least 31 days prior written notice:

1. at any time that the number of Insureds is less than:
 - a. 20; or
 - b. 75% of the individuals eligible to become Insureds, if insurance is contributory;
 - c. 100% of the individuals eligible to become Insureds, if insurance is non-contributory; or
2. for any other reason as of any policy anniversary.

Participation requirements apply to each Benefit individually, unless the Benefit provides otherwise.

The Policyholder is liable for all premiums due and unpaid when the policy terminates.

5. CLAIMS

ASSESSMENT

The Company has sole responsibility for assessing claims, as follows:

1. claims must reach the Company within the applicable time limit specified by the Proof of Claim provision of this section;
2. claims must be made in writing, on forms which have been provided or pre-approved by the Company for the purpose;
3. the Company does not pay for the completion of claim forms. It does pay reasonable charges for any additional items which it specifically requests in connection with a claim, such as medical examinations and medical histories;
4. the Policyholder and Insured must provide or authorize the Company to obtain any additional information required in connection with a claim;
5. when making a decision, the Company will take into account all relevant information which has been provided, including the opinions of its own medical consultants when appropriate.

MEDICAL EXAMINATIONS

The Company is entitled to have a claimant examined by a physician or physicians of the Company's choice at reasonable intervals while a claim is outstanding.

PAYMENT OF BENEFITS

Unless otherwise provided by the terms of this policy, death benefits, if any, on an Insured are payable to the beneficiary designated by the Insured. If the Insured did not designate a beneficiary or if a beneficiary did not survive the Insured, the benefit is payable to the estate of the Insured.

BENEFICIARY

A beneficiary is the person so designated in writing by the Insured.

Unless otherwise indicated in a benefit provision, benefits payable as a result of the death of an Insured are paid to the last nominated Beneficiary filed with the Policy Administrator, if any. Otherwise, payment is made to the estate of the Insured. Unless otherwise specified by the Insured or provided by law, Beneficiary designations are revocable.

Designations may be changed by written request in a form satisfactory to the Company. Any such request takes effect as of its date of execution, subject to any action taken or payment made by the Company before such request is received by the Company.

For those Insureds formerly covered under Policy No. 4868900 the beneficiary designation under Policy No. 4868900 will remain in effect unless changed by written request.

FACILITY OF PAYMENT

If for any reason, a person is not competent to give a valid release for payments to which the person is entitled, or if the person dies before payments to which the person is entitled are made, the Company may in its discretion make payment, to the extent permitted by law, to any person related to the Insured or to any other individual appearing to the Company to be equitably entitled to such payment. Any payment made by the Company in good faith pursuant to this provision fully discharges the Company to the extent of such payment.

LEGAL ACTIONS

Unless a Benefit provides otherwise, no legal action in connection with a claim can be introduced:

1. sooner than 60 days after the period in which the claim must be submitted; or
2. later than 3 years after the same period.

PROOF OF CLAIM

1. Before settling any claim arising by reason of death, the Company will require written proof satisfactory to it of the following:
 - a. the occurrence, cause and circumstances of the death. A funeral director's certificate shall be sufficient. However, the Company may require additional information to support a proof of claim.
 - b. the eligibility of the deceased at the time of death;
 - c. the date of birth of the deceased; and
 - d. the beneficiary to receive the proceeds.
2. Before settling any claim arising other than by reason of death, the Company will require written proof satisfactory to it as follows:
 - a. The Company must receive written proof satisfactory to it in connection with waiver of premium claims no later than 14 months after the date on which total disability begins and subsequently at reasonable intervals.
 - b. In the event of either a policy termination or an individual termination of the Insured's coverage, all proofs of claim, other than death claims, must reach the Company no later than the time limits specified above or no later than 90 days after the date of termination, whichever is earlier.

CONDITIONS OF CONVERSION

When a benefit provision indicates that a person may apply for an individual life insurance policy, the conversion is subject to the following conditions:

1. Written application must be made to Sun Life accompanied by the payment of the first premium within the 31 day period (the 31 day conversion period) immediately following termination or reduction of the Amount of Insurance.
2. The person may choose an individual policy plan which provides coverage comparable to the coverage which he enjoyed immediately prior to the termination or reduction of his insurance but without disability benefits. If such comparable coverage is not provided under an individual policy plan issued by Sun Life, then Sun Life will offer a plan whose value represents the actuarial equivalent of the amounts of insurance eligible for conversion.

The person may instead choose any other plan of individual policy which Sun Life is willing to offer, but without disability benefits.

3. The amount of a person's individual life insurance policy may not exceed \$200,000, or if less:
 - A. the Amount Of Insurance which terminates, reduced by any amount of insurance available under any other group policy within 31 days after the termination or reduction of the person's insurance, if such termination or reduction is due to the termination or amendment of this policy, or
 - B. the Amount Of Insurance which terminates, if termination or reduction is due to any other reason.

If a person is entitled to convert his insurance under more than one benefit provision and/or more than one policy issued by Sun Life to the Policyholder, then the sum of the amounts available for conversion under all such benefit provisions and/or policies

- A. may not exceed \$200,000.
 - B. is pro-rated over the various benefit provisions and/or policies, based on the Amounts Of Insurance in force on the date of termination.
4. The premium rate for the individual policy will be based on Sun Life's then customary rate for the sex, plan and the age of the person on the effective date of the individual policy. If requested and the person applying for the insurance is under age 66, the premium rate of the first year will be that of a one year term policy, but the premium rates after the first year will be based on the original age plus one.

If any portion of the group coverage being converted was subject to a rating under the group policy, Sun Life will apply the same rating in establishing the premium rates to be charged for such portion of the individual policy.

5. The effective date of the individual policy will be the day following the end of the 31 day conversion period.

6. If a person is subsequently insured within 6 months under this or any other group policy issued by Sun Life to the Policyholder, the amount of coverage under the group policy will be limited to the amount of insurance applicable to the person under the group policy less any amount remaining in force under the individual life insurance policy.

31 Day Free Cover

Upon receipt of Proof Of Claim that a person dies during the 31 day conversion period, the amount of insurance eligible for conversion is paid.

6. PREMIUMS

PAYMENT

Premiums are payable monthly and in advance in accordance with the grace period and other terms of this policy.

DETERMINATION

The total monthly premium payable on any premium due date is determined on the basis of the total volume of coverage in force on that date.

GRACE PERIOD

A grace period of 60 days will be granted to the Policyholder for the payment of each premium falling due after the first premium. During the grace period the policy will continue in force. The Policyholder will be liable to the Company for all premiums while this policy is in force, including the grace period.

CHANGE IN RATES

Initial premium rates apply from the effective date of this policy and continue to apply unless reduced or increased by the Company. Each change in premium rate will be made by written notification to the Policyholder not less than 90 days prior to the effective date of the change. Premium rates will not be changed more than once in any 12-month period, except that they may be changed at anytime on or following the occurrence of any of the following events:

1. this policy is amended to change the benefits or the classes eligible for coverage;
2. the number of insured employees changes by 25% or more calculated from the later of the policy effective date and the date of the most recent change in rates;
3. an additional affiliated company or division of the Policyholder participates in the insurance provided by this policy; or
4. federal or provincial legislation or regulation is enacted or modified in a manner which directly affects the insurance provided by this policy.

**7. BENEFIT SCHEDULE
(for Class A)**

Division	-	The Government Of The Province Of Nova Scotia
Class A	-	Employees of NSGEU Civil Service Bargaining Unit Employees, Canadian Union of Public Employees Local 1867 Nova Scotia Highway workers and Employees of entities listed in Schedule "A", hired prior to December 8, 1974 who elected this amount but have the option to increase with evidence of insurability
Waiting Period	-	All Employees shall become eligible on their date of hire

BASIC EMPLOYEE LIFE BENEFIT

Overall Maximum	-	Level 1 \$2,000 Level 2 \$5,000
Termination Age	-	Coverage will remain in force as long as the employee is actively at work Employees who retire on pension, coverage terminates as follows: a. if retired prior to age 65, coverage terminates upon attainment of age 65; b. if retired on or after age 65, coverage terminates 3 months after the date of retirement However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

**8. BENEFIT SCHEDULE
(for Class B)**

Division	-	The Government Of The Province Of Nova Scotia
Class B	-	Employees of Canadian Union of Public Employees Local 1867 Nova Scotia Highway Workers, Adult Corrections Employees Local 480.
Waiting Period	-	All Employees shall become eligible on their date of hire

BASIC EMPLOYEE LIFE BENEFIT

Benefit Amount	-	Annual salary rounded to the next lower \$1,000 multiple of salary if not already a multiple thereof, times two
Overall Maximum	-	\$60,000
Termination Age	-	Coverage will remain in force as long as the employee is actively at work

Employees who retire on pension, coverage terminates as follows:

- a. if retired prior to age 65, coverage terminates upon attainment of age 65;
- b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

OPTIONAL EMPLOYEE LIFE BENEFIT

Benefit Amount - Annual salary rounded to the next lower \$1,000 multiple of salary if not already a multiple thereof, times one or two

Termination Age - Coverage will remain in force as long as the employee is actively at work

Employees who retire on pension, coverage terminates as follows:

- a. if retired prior to age 65, coverage terminates upon attainment of age 65;
- b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

**9. BENEFIT SCHEDULE
(for Class C)**

Division	-	The Government Of The Province Of Nova Scotia
Class C	-	Employees of NSGEU Civil Service Bargaining Unit Employees (excluding Temporary Employees) and employees of entities listed in Schedule "A"
Waiting Period	-	All Employees shall become eligible on their date of hire

BASIC EMPLOYEE LIFE BENEFIT

Benefit Amount	-	Annual salary rounded to the next lower \$1,000 multiple of salary if not already a multiple thereof, times two
Overall Maximum	-	\$1,000,000
Termination Age	-	Coverage will remain in force as long as the employee is actively at work

Employees who retire on pension, coverage terminates as follows:

- a. if retired prior to age 65, coverage terminates upon attainment of age 65;
- b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

OPTIONAL EMPLOYEE LIFE BENEFIT

Benefit Amount - Annual salary rounded to the next lower \$1,000 multiple of salary if not already a multiple thereof, times one or two

Termination Age - Coverage will remain in force as long as the employee is actively at work

Employees who retire on pension, coverage terminates as follows:

- a. if retired prior to age 65, coverage terminates upon attainment of age 65;
- b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

**10. BENEFIT SCHEDULE
(for Class D)**

Division	-	The Government Of The Province Of Nova Scotia
Class D	-	Seasonal Employees who work less than six months
Waiting Period	-	All Employees shall become eligible on their date of hire

BASIC EMPLOYEE LIFE BENEFIT

Benefit Amount	-	\$25,000
Termination Age	-	Coverage will remain in force as long as the employee is actively at work Employees who retire on pension, coverage terminates as follows: a. if retired prior to age 65, coverage terminates upon attainment of age 65; b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

OPTIONAL EMPLOYEE LIFE BENEFIT

- Benefit Amount** - One or two times the Basic Employee benefit amount.
- Termination Age** - Coverage will remain in force as long as the employee is actively at work
- Employees who retire on pension, coverage terminates as follows:
- a. if retired prior to age 65, coverage terminates upon attainment of age 65;
 - b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

**11. BENEFIT SCHEDULE
(for Class E)**

Division	-	The Government Of The Province Of Nova Scotia
Class E	-	Seasonal Employees who work more than six months
Waiting Period	-	All Employees shall become eligible on their date of hire

BASIC EMPLOYEE LIFE BENEFIT

Benefit Amount	-	\$60,000
Termination Age	-	Coverage will remain in force as long as the employee is actively at work Employees who retire on pension, coverage terminates as follows: a. if retired prior to age 65, coverage terminates upon attainment of age 65; b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

OPTIONAL EMPLOYEE LIFE BENEFIT

- Benefit Amount** - One or two times the Basic Employee benefit amount.
- Termination Age** - Coverage will remain in force as long as the employee is actively at work
- Employees who retire on pension, coverage terminates as follows:
- a. if retired prior to age 65, coverage terminates upon attainment of age 65;
 - b. if retired on or after age 65, coverage terminates 3 months after the date of retirement

However, if an employee retires the person may elect to cancel all or part of the person's coverage at any time while retired, provided that the retired employee makes a formal request in writing to the Policyholder

12. SCHEDULE "A"

Nova Scotia Agricultural College - only those employees who belong to the Educational Classification and Pay Plan (EDC)

Nova Scotia Business Incorporation, NSGEU Local # 44

Nova Scotia Pension Agency

Property Valuation Services Corporation

District Health Authorities (Drug Dependency/Public Health)

Annapolis Valley District Health Authority (*)

Cape Breton District Health Authority (*)

Colchester-East Hants Health Authority (*)

Cumberland Health Authority (*)

Guysborough Antigonish Strait Health Authority (*)

Health Services Association of the South Shore (*)

Pictou County Health Authority (*)

South West Nova District Health Authority (*)

Capital District Health Authority (Former VG Hospital - Retirees prior to October 1, 1998) and (Former NS Hospital - Retirees prior to May 1, 2001) (*)

Nova Scotia Community College (Retirees prior to October 1, 2000) (*)

(*) Includes only those employees/retirees who were members at the time of devolution the entity from the Civil Service.