



WEEKLY ACCIDENT INDEMNITY (WAI) APPLICATION (POLICY EXPIRES JANUARY 1ST EACH YEAR TO COINCIDE WITH YOUR MEMBERSHIP)

- TERM:** The policy is in force from January 1 to January 1 each year. Your coverage begins and remains in force while you are deemed to be a member in good standing by the association and under 75 years of age.
- INSURER:** Weekly Accident Indemnity Coverage is underwritten by Industrial Alliance Insurance and Financial Services Inc. and is administered by Acera Insurance Services Ltd. as the insurance broker
- LIMIT:** The policy will provide up to \$500.00/week in income replacement for up to 26 weeks. (Some restrictions apply). There is a 7 day waiting period
- This optional coverage automatically provides AD&D coverage – including \$75,000 Principal Sum for permanent and catastrophic injuries. There is also a Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and a Dental benefit of \$5,000 principal sum.

SUMMARY DESCRIPTION / INTENT

This insurance provides **income replacement** in the event you are unable to work due to an accident. Coverage is in force 24 hours a day 7 days a week and includes (but is not limited to), injuries arising from an equine related incident.

Special Notes on Coverage Restrictions

- The coverage is in force 24 hours a day, 7 days a week and includes (but is not limited to), injuries arising from an equine related incident.
- Must be a resident of Canada and be a member in good standing of your provincial equine association
- Must be employed 25 hours a week
- Must be under the age of 75 years old
- Filed an income tax return to Canada Revenue Agency in the most recent year

Frequently Asked Questions

- Q** Does my Provincial Equine Association sell me the insurance?
A No. Acera Insurance Services Ltd. Is a licensed insurance broker and Administrator for the member insurance program. Any and all inquiries related to the insurance program must be directed to Acera Insurance Services Ltd.
- Q** How is my income determined to establish claim settlement with this policy?
A The insurer will ask for documentation from you including pay stubs, or filed tax documents to show your income as reported to Canadian Revenue Agency.
- Q** Are the benefits of income replacement taxable as income?
A No. Benefits are paid without income tax withheld. The maximum benefit cannot exceed 75% of income or the limit of insurance, whichever is the lesser.
- Q** I understand that the Weekly Accident Indemnity policy also provides some accident insurance. How does that work?
A In addition to the income replacement, you are covered by an AD&D component that will respond to specified injuries or death. Please refer to the certificate of insurance for details.

FULL PAYMENT IS REQUIRED AT THE TIME OF APPLICATION

The information above is a coverage of summary only. Any questions please contract Acera Insurance Services Ltd.

Western Provinces and Territories:

Acera Insurance Services Ltd.
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2
TF 1 800 670 1877 F 1 888 822 6115
E agri@capricmw.ca W capricmw.ca/equine

Ontario and Provinces Eastward:

Acera Insurance Services Ltd.
15221 Yonge Street, Aurora, ON L4G 1L8
TF 1 888 394 3330 F 1 888 822 6115
E forms@equicare.ca W capricmw.ca/equine



WEEKLY ACCIDENT INDEMNITY (WAI) APPLICATION
 (POLICY EXPIRES JANUARY 1ST EACH YEAR TO COINCIDE
 WITH YOUR MEMBERSHIP)

This exclusive insurance policy provides **income replacement** in the event you are unable to work due to an accident. Coverage is in force 24 hours a day/ 7 days a week and includes (but is not limited to), injuries arising from an equine related incident. The policy will provide **up to \$500.00 / week** in income replacement for **up to 26 weeks** (some restrictions apply). To qualify for this special program and be eligible for benefits, you must meet the following minimum requirements:

1. Be a resident of Canada;
2. Be a member in good standing of your Provincial Equine Association;
3. Be employed full time (minimum of 25 hours a week with a single employer);
4. Be under the age of 75 years old; and
5. Files an income tax return to Canada Revenue Agency in the most recent year.

The combined benefit from this policy and all other benefits available to you (WCB/WSIB/CPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.

YOUR INFORMATION:

Name of Application: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Contact Phone: (_____) _____ Email: _____

Date of Birth (DD/MM/YYYY): _____

EMPLOYMENT INFORMATION:

Your Occupation: _____ Average Number of hours worked **per week**: _____

Employer Name: _____ Employer Phone: _____

FUL TIME **with a single employer is required (Minimum 25 hours per week)** Yes No (If No, coverage is ineligible)

Did you file an Income Tax Return with Canada Revenue Agency last year? Yes No (If No, coverage is ineligible)

Are you enrolled with WCB / WSIB / Employer Disability Plan? Yes No

Have you ever made a claim for income replacement benefits? Yes No

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I understand and agree:

- 1) The insurance coverage being applied for **PLUS ANY OTHER BENEFITS** I may be eligible to receive if I cannot work – **FROM ALL SOURCES** – will not and cannot exceed 75% of weekly income as reported to Canadian Revenue Agency (CRA) in the last personal income reporting year.
- 2) I understand that there is a waiting period of 7 days before I am eligible to receive any benefits from this policy.
- 3) This policy will pay benefits to a maximum of \$500 / week for a maximum of 26 weeks.
- 4) In the event of a claim, I will be required to sign and remit various documents to prove my loss before any payment is made, including but not limited to a copy of my previous tax return and a consent form to allow the insurer to collect, use and disclose personal information related to my claim.
- 5) I am a member in good standing of my home Provincial Equine Association on the date of this application.

Applicant Signature: _____ **Date Signed:** _____