



## AMSC Council Coverage

This brochure provides an abbreviated description of the benefits available under the AUMA coverage provided by AMSC. For a complete description of the coverage, please refer to your municipalities specific copy of your policy.

**Eligible Participants-** Any individual of the municipality, including members of council, whom premium has been paid. All other members of the municipality, excluding full-time firefighters and police officers, may be covered if premium has been paid.

**Scope of Coverage-** On Duty Only- travel to, during and from all business activities of the municipality.  
24 Hour (Off Duty) Coverage-if selected, protects the member 24 hours a day.

The AUMA provides its members with 6 plan choices. Please refer to the plan specific to your municipality.

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
AD&D	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Paralysis	\$50,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000
Seat Belt	\$2,500	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Disability	\$150/wk	\$200/wk	\$250/wk	\$250/wk	\$300/wk	\$350/wk
Premium-On Duty	\$8/member/yr	\$13/member/yr	\$22/member/yr	\$28/member/yr	\$38/member/yr	\$46/member/yr
Premium-Off Duty	\$32/member/yr	\$48/member/yr	\$75/member/yr	100/member/yr	\$135/member/yr	\$165/member/yr

### DEATH BENEFITS

**Loss of Life-** Accidental Death benefits are paid when a member dies as a result of an accident.

**Spousal Loss of Life-** Accidental Death benefit of \$25,000 is paid when a member's spouse dies as a result of an accident.

**Seat Belt Benefit-** If a member dies while wearing a properly fastened seatbelt at the time of a motor vehicle accident, which caused death, 10% of the Principal Sum will be paid to the beneficiary.

**Dependent Child Education Benefit-** If a member dies of an accident, the company will pay a dependent per child/ren enrolled as a full-time student in an institute of higher learning for reasonable expenses actually incurred, subject to 5% of the Insured Persons principal sum to a maximum of \$5,000 for each year, not to exceed 4 years.

**Spousal Education Benefit-** will pay to the Insured Person's Spouse the actual cost incurred for a professional or trades training program in which such Spouse enrolls for the purpose of obtaining an independent source of support and maintenance provided such cost is incurred within 30days of the loss subject to the maximum of \$15,000.

**Day Care Benefit-** If a member dies of an accident, the company will pay for each dependent child/ren necessary expenses actually incurred to be enrolled in a legally licensed Day Care centre on the date of death. These expenses are subject to 5% of the Insured Person's principal sum to a maximum of \$5,000 for each year, not to exceed 4 years.

**Funeral Expense Benefit-** If a member dies, the company will pay up to \$15,000 for actual expenses incurred for preparing the deceased for burial and funeral expenses subject to a maximum of \$15,000.

**Repatriation Benefit-** When loss of life occurs outside 50 kilometers, expenses will be paid for shipment of the body to the city of residence. Expenses not to exceed \$15,000.

**Identification Benefit-** If accidental loss of life occurs where the Insured Person's body needs indentified by an immediate family member, we will pay for accommodations and transportation up to \$15,000.

### MEDICAL BENEFITS

**Accident Reimbursement Benefit-** Will pay up to \$15,000 for reasonable expenses listed in the policy.

**Dental Expense Benefit-** Will pay for whole and sound teeth, if within 30 days of the accident requires dental surgery and is incurred within one year from the date of the accident up to \$5,000.

**LUMP SUM LIVING BENEFITS** (all lump sum benefits are paid in addition to medical and disability income benefits)

**Accidental Dismemberment -** A lump sum benefit will be provided to the member when a loss incurs which is indicated in the accidental dismemberment table. Hearing loss is also part of this table. See policy for breakdown of percentages. *Para, Quadra and Hemi Plegias pay 2 times the principal sum.*

**Permanent Total Disability** If an Insured Person suffers Injury causing Permanent and Total Disability, and after 12 months of total and permanent disability cannot perform at least two Activities of Daily Living without assistance from another person, for the remainder of his or her life, the Company shall pay the amount which is 100% of the Principal Sum for the Insured Person less any amounts under the Table of Losses which have been paid or which are payable by the Company for Losses of the Insured Person. The disability must be determined to be total, permanent, and irreversible and certified to be such by a licensed Physician acceptable to the Company. The Insured Person's inability to actually obtain employment is not a criteria to qualify for the Permanent and Total Disability benefit.

**Fracture and Dislocation Benefit-** Payable in addition to accident weekly disability. A minimum lump sum paid for fracture or dislocations as a result of an accident. Maximum payable is \$4,200.

**WEEKLY INCOME**

**Total Disability-** The company will pay a weekly disability if an Insured Person becomes totally disabled as a result of an accident provided that: 1) such period of disability commences within 30 days of the accident causing such injury; 2) such disability shall be after a 15 day waiting period commencing on day 16; 3) the maximum period for which, such indemnity shall not exceed 52 weeks.

**Home Alteration & Vehicle Modification-** If an insured sustains injuries under the accidental dismemberment and is now required to be wheel chair ambulatory, this benefit will pay for the one time cost of alterations, up to \$15,000 to the members home or vehicle to make them wheel chair accessible.

**Eyeglasses, Contact Lenses and Hearing Aids Benefit-** As a result of an accident the Insured Person receives treatment by a physician which results in the purchase of eyeglasses, contact lenses or hearing aids within 365 days of the accident, when none of which were previously required or worn, the company will pay up to \$2,000 for reasonable expenses.

**Family Transportation Benefit-** In the event the Insured Person suffers loss under the table of losses, which occurs outside 100 kms from residence, the company will reimburse up to \$15,000 for the actual cost of transporting one immediate member of the family to be with the Insured Person. Member of Immediate Family means a Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (including legally adopted or stepchild).

**Rehabilitation Benefit-** If an insured sustains injuries under the accidental dismemberment section of the policy, the company will pay the reasonable expenses up to \$15,000 for special training provided; 1) such training is required because of injuries sustained prevent him/her to engage in their occupation; 2) expenses be incurred within 2 yrs of accident; 3) no payment shall be made for ordinary living, traveling or clothing expenses.

**Psychological Therapy-** If accidental loss occurs under the Table of Losses, other than a Loss of Life, and as a result needs Psychological Therapy within 2 years of such loss, we will pay Reasonable and Customary Expenses up to \$5,000.

## AUMA Volunteer Coverage

Some municipalities have basic coverage for all volunteers acting on behalf of and in conjunction with the Municipal Office and are under the age of 80. The following benefits are for those municipalities selecting this coverage.

**Accidental Death and Dismemberment-** Benefits of \$50,000 including paralysis.

**Total Disability-** Will pay \$200/wk Accident Weekly Disability (See above)

**Accident Reimbursement Benefit-** Will pay up to \$1,000 for reasonable expenses listed in the policy.

Also included in this coverage are benefits such as **Repatriation, Rehabilitation, Family Transportation and Home Alteration & Vehicle Modification**. Note: please see the above for amounts and benefit description.