

ENDORSEMENT TO THE MASTER POLICY

Group Policy Number	:	All Inforce Equitable Policies
Policyholder (Employer)	:	All Inforce Equitable Policyholders
Effective Date of Endorsement	:	October 1, 2019

On the above Effective Date of Endorsement, this Policy is hereby amended as follows:

VI Benefit Provisions	Current Wording	Effective October 1, 2019
Health Provisions		In determining Appropriate Treatment, the
Definitions 1 e)		Company may also take into consideration evaluation(s) of services, supplies, appliances, products, treatments or drugs
		by provincial or national public payers or health technology assessment
Addition inserted after v)		organizations.
VI Benefit Provisions	Current Wording	Effective October 1, 2019
Health Provisions	(f) An expense may be limited at the	f) An expense may be limited or not
6. Limitations	discretion of the Company if alternative	payable at the discretion of the
0. Elifitations	funding is available through a	Company if alternative funding is
	government or other patient support	available through a government or other
Revised	program. Upon request by the	patient support program including
	Company, the employee or a dependent of an employee shall	situations where such funding exists for an alternative appropriate treatment.
	provide evidence satisfactory to the	an alternative appropriate treatment.
	Company that such available	g) Upon request by the Company, the
	alternative funding has been pursued	employee or a dependent of an
	by the employee or a dependent of an	employee shall provide evidence
	employee, and a decision regarding	satisfactory to the Company that
	such funding has been rendered by the	available alternative funding through a
	government or patient support	government or other patient support
	program. Until such satisfactory	program has been pursued by the employee or a dependent of an
	evidence is provided, the expense may not be eligible for coverage under this	employee, and a decision regarding
	Policy and no benefit may be paid as	such funding has been rendered by the
	determined by the Company.	government or patient support program.
		Until such satisfactory evidence is
		provided, the expense may not be
		eligible for coverage under this Policy
		and no benefit may be paid as
		determined by the Company.
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Group	Policy	Number
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Effective Date of Endorsement

All Inforce Equitable Policies

All Inforce Equitable Policyholders

Policyholder (Employer)

October 1, 2019

Current Wording	Effective October 1, 2019
	(j) An expense for a drug may be eligible
	for certain conditions only if selected lower cost drugs of similar safety and efficacy are used first, as determined by
	the Company. For certain conditions, this may involve a series of steps whereby eligibility of each list of drugs for a condition is dependent on the previous list of drugs being used first.
	Current Wording

Please keep this Endorsement with your Policy Contract and retain any previous Endorsement(s) for your records.

Please note: should your Policy not provide a benefit or not contain a provision that is being amended by this Endorsement, that amendment shall not apply to your Policy.

Booklets will be updated at time of next amendment, if applicable.

Dated at Waterloo, Ontario on August 23, 2019

Kare J Gough

Authorized Representative