

11-130
The logo features the letters 'DH' in a large, stylized, red serif font. The letters are outlined and have a horizontal ribbed texture. Extending from the top and bottom of the 'H' are horizontal bars, also with a ribbed texture, which serve as wings. The text 'THE DE HAVILLAND AIRCRAFT' is printed in a black, sans-serif font across the upper wing, and 'OF CANADA, LIMITED' is printed across the lower wing.
**THE DE HAVILLAND AIRCRAFT
OF CANADA, LIMITED**

TORONTO

Employees' Insurance Plan

Effective December 25th, 1940

THE DE HAVILLAND AIRCRAFT OF CANADA, LIMITED

To our Employees:

For some time we have made available to our employees a plan of Group Insurance. To date approximately \$2,000 in claims have been paid to employees by the Aetna Life Insurance Company which underwrites the plan.

Recently this Group Insurance program was extended in order to provide additional protection and now each employee is entitled to Weekly Sickness and Accident, Hospital and Death Benefits. The complete plan is described in this booklet.

We believe that all of our employees realize the value of protecting their incomes during disability, or at death and it was with this in mind that we arranged for the adoption of this plan. The benefits are provided at a much lower cost and under much more liberal conditions than you could obtain them individually. In addition, our Company pays a substantial part of the premium.

Employees now subscribing to the present Group Sickness and Accident Plan will be automatically insured under the new Plan, but in their proper pay classifications.

We are glad indeed to offer this aid to our employees.

Yours very truly,

THE deHAVILLAND AIRCRAFT OF CANADA, LIMITED

NEW SCHEDULE OF BENEFITS

Employee's Average Weekly Earnings	Weekly Sickness and Accident Benefit	Daily Hospital Benefit	Incidental Hospital Expenses	Lump Sum Payment in event of Death	Monthly Payments for 1 year after death*	Employee's Weekly Contribution
Less than \$20	\$10.00	\$2.50	Up to \$12.50	\$400.00	\$50.00	\$.25
\$20 but less than \$35	15.00	3.00	" " \$15.00	400.00	50.00	.40
\$35 " " \$50	20.00	3.00	" " \$15.00	400.00	50.00	.50
\$50 " " \$65	25.00	3.00	" " \$15.00	400.00	50.00	.60
\$65 " " \$80	30.00	3.00	" " \$15.00	400.00	50.00	.70
\$80 and over	40.00	3.00	" " \$15.00	400.00	50.00	.85

Your contribution toward the cost of this insurance will be deducted weekly from your pay. The entire balance of the cost will be paid by your Company.

The Insurance Company cannot accept applications for amounts of insurance other than those to which you are entitled in accordance to the schedule. Changes in earnings which result in a change from one to another of the above classifications will be automatically adjusted at the pay office.

*Interest added to final payment

DESCRIPTION OF THE PLAN

To Whom Insurance is Available

All present full-time employees who are actively working are eligible for this insurance immediately.

New Employees will be given an opportunity to subscribe when they are employed and will be eligible on the date of employment.

Weekly Sickness and Accident Benefits

The plan pays you a weekly benefit while you are disabled and prevented from working as a result of a non-occupational accident or a disease for which benefits are not payable under the Workmen's Compensation Act.

The weekly benefit to which you are entitled will commence on the first day of disability resulting from

accident or on the fourth day of disability resulting from disease. Benefits are payable for a maximum period of thirteen weeks for any one disability. However, if disability is due to pregnancy, the maximum period of payment is six weeks.

Daily Hospital Benefits for Employees

The plan pays you the daily benefit for which you are insured while you are confined in the hospital as a result of a non-occupational accident or a disease for which benefits are not payable under the Workmen's Compensation Act.

These benefits are payable for a maximum period of 70 days for any one disability. However, if hospital confinement is due to pregnancy, the maximum period of payment is 14 days.

The plan also pays for the actual charges incurred while confined in the hospital, for operating room, anaesthetics, laboratory service, and X-rays, up to an aggregate total for any one disability of five times your rate of daily benefit. For example, if your daily benefit is \$3.00, you will be entitled to a maximum payment of \$15.00 for these services during any one disability.

In order to collect these benefits, you must be confined for at least eighteen consecutive hours in a legally constituted hospital and be under the care of a doctor.

Benefit at Death of Employee

In the event of your death from any cause or at any time or place while you are insured, a sum of \$400 will be paid to the beneficiary designated by you. In addition, a payment of \$50 will be made to this beneficiary each month for 12 months after your death, (the final payment being augmented by interest). The beneficiary may be changed whenever you wish.

If you become totally and permanently disabled while insured and before age sixty, Life Insurance in the amount of \$1,000 will be in force upon your life as long as you remain so disabled, provided proofs of disability are furnished as required. This is done without cost to you. First proof should be filed with the Insurance Company within three months after total disability has lasted nine months. Subsequent proofs of disability must be furnished each year thereafter.

The death benefit will be payable in the event of your death within 31 days following termination of employment. Within this 31-day period, by making application to the Aetna Life Insurance Company, you may secure \$1,000 of individual Life Insurance on any

regular Whole Life or Endowment Plan. This policy will be issued *without medical examination* at the Insurance Company's regular rates.

No Medical Examination

No medical examination is required in order to obtain this insurance if application is made promptly. However, if you do not make application within 31 days after you become eligible, the Insurance Company will require that you furnish satisfactory evidence of insurability, at your own expense, before you can obtain the insurance.

Insurance Certificate

The Insurance Company will issue to each insured employee an individual certificate describing the benefits of the plan.

Payment of Claims

All claims should be reported immediately to YOUR EMPLOYER so that your benefits may be paid promptly. The Sickness and Accident Benefits will be paid weekly and will include payments for fractional parts of a week. The death benefits will be paid promptly upon receipt of due proofs. Your employer has the forms for submitting proofs.

How to make Application

In order to obtain this insurance, it is necessary to fill in the application card which has been prepared for this purpose. This card will then be used by the Insurance Company to make up your certificate, and by your employer to arrange the payroll deductions.

Your Department Head or a Representative of the Insurance Company will answer any questions which you may have.

Visiting Nurse

A special nurse will be available to visit the homes of sick employees insured under this plan *without cost*.

If you are sick or injured, the nurse will call at your home, if requested, and do everything possible for your comfort. She will continue to visit you as often as necessary and assist in carrying out the Doctor's instructions.

A disabled employee desiring the services of the Visiting Nurse should notify the Personnel Department.

**KEEP THIS BOOKLET
FOR REFERENCE**