

# Insurance Application Plan STQ273

Canadian Premie described in certi	r Life Insurance Company (Secu ficate number:	rian Canada), here	inafter "we", pro	vides t	he insuranc	e	STQ	-		Effective	Date of Inst	irance
	reement: 🗆 Purchase (loa	an) 🗆 Lease										
A) Financing ag Term (in months)	reement information	Interest Rate			Monthly Payr	nent (exclu	iding ins	urance premium)	Total An	nount Finan	ced (excludi	ng insurance premium)
	months		%	0	\$´´		5		\$			5
B) Applicant 1 I	nformation								1 -			
Last Name		First Name				Phone Nu	mber		Date of	Birth		Sex
Number	Street		Apt.	City		1		Province			Postal Cod	e
C) Applicant 2 I	nformation					•					-	
Last Name	mormation	First Name				Phone Nu	mber		Date of	Birth		Sex
Number	Street		Apt.	City				Province			Postal Cod	e
			1								1	
D) Distributor II	nformation											
Name												
Number	Street		Suite	City				Province			Postal Cod	e
E) Financing Ag	reement Creditor Informatio	n										
Name												
			1	1								
Number	Street		Suite	City				Province			Postal Cod	e
			1									
F) Insurance Co NOTE: This insurance	verage ce is optional and is not required for	the financing agreer	nent. The insurance (	can be t	terminated at	any time y	vith a wr	ritten notice.				
Critial Illness Insu					licant 1	Applica		Insurance Prer	nium	Coverage	End Date	Coverage Term (in months)
	Initial Benefit		4	\$	\$			\$				months
	Residual Value	!		\$	\$			subtotal \$				months
							F	Taxes \$				
								Total \$				
							L					
G) Effective Dat						1 - 2 - 16						
application, 3) the	es effect on the latest of the following date on which the loan is disbursed	ig dates: 1) the date in whole or in part, a	on which this insura s long as the disburg	nce app sement	is made in th	ned, 2) if a e 90 days a	fter the	insurance applica	equired, tion is sig	the date on ' ned. After th	which we aj nis time, a n	oprove your insurance ew insurance
application must be		ion II) Domined Me	diaal Owentiannais	ve of thi		nulisation)		l ha taman avanilu a	unanad fa		مارسا مرم بروام	
application, up to 9	ete a medical questionnaire (see sec 30 days. After this time, a new insura	ance application must	be submitted.				-		overed to	the period	during whic	n we analyze your
If you fail to satisfy	the eligibility criteria, insurance wi	l not be granted and	all premiums paid w	vill be re	eimbursed to	the credito	r.					
	dical Questionnaire	ales following sites	·									
	complete a medical questionnaire i benefit amount exceeds \$50,000.	n the following situat	10115:									
2. When the insura		o financing agreeme	nt is signed, regardle									
Place read and an	nce application is submitted after th				and a state of the second							
	nce application is submitted after the swer all the questions carefully. Sub		insurance and othe	r terms	and condition	ns, insuranc	e will no	ot take effect until	we have	analyzed an	d approved	your insurance
application.	swer all the questions carefully. Sub		insurance and othe	r terms		·			we have	analyzed an	d approved	your insurance
application.  I) General eligit	swer all the questions carefully. Sub pility criteria	ject to the temporary			J) Addi	tional elig	gibility	criteria		,		,
application.  I) General eligit	swer all the questions carefully. Sub <b>bility criteria</b> te insurance offered in this applicati	ject to the temporary			J) Addi In addit conditio	tional elig on to the ns must b	gibility conditi e met:	criteria ons stipulated in	section	l) General e	ligibility crit	eria, <b>the following</b>
application. <b>I) General eligib</b> To be eligible for th 1. Be a natural pers 2. Be a Canadian re	swer all the questions carefully. Sub <b>bility criteria</b> the insurance offered in this applicati son; and esident; and	ject to the temporary	ditions must be met	:	J) Addir In additi conditio i) On the	tional elig on to the ns must b effective d	gibility condition e met: ate of in	criteria ons stipulated in surance, you must	section respect t	I) General e he minimum	ligibility crit	,
application. <b>I) General eligit</b> To be eligible for th 1. Be a natural pers 2. Be a Canadian re 3. Be the lessee(s) (	swer all the questions carefully. Sub <b>bility criteria</b> the insurance offered in this applicati son; and esident; and (as indicated in the lease agreemen	ject to the temporary	ditions must be met	:	J) Addir In additi conditio i) On the	tional elig on to the ns must b effective d	gibility condition e met: ate of in	criteria ons stipulated in surance, you must mum term require	section respect t ments sti Insurab	I) General e he minimum pulated belo le Amount	ligibility crit n age, maxir w: M	eria, the following num age, maximum aximum Term
application. <b>I) General eligib</b> To be eligible for th 1. Be a natural pers 2. Be a Canadian re	swer all the questions carefully. Sub <b>bility criteria</b> the insurance offered in this applicati son; and esident; and (as indicated in the lease agreemen	ject to the temporary	ditions must be met	:	J) Addir In additi conditio i) On the insurable	tional elig on to the ns must b effective d amount, a Age ge 16 and	gibility condition e met: ate of in nd maxi under	criteria ons stipulated in surance, you must mum term require Maximum	section respect t ments sti Insurab Critica	I) General e he minimun pulated belo le Amount i illness insur	ligibility crit n age, maxir w: <b>M</b> ance is not a	eria, <b>the following</b> num age, maximum <b>aximum Term</b> vailable.
application. <b>I) General eligit</b> To be eligible for th 1. Be a natural pers 2. Be a Canadian re 3. Be the lessee(s) (	swer all the questions carefully. Sub <b>bility criteria</b> the insurance offered in this applicati son; and esident; and (as indicated in the lease agreemen	ject to the temporary	ditions must be met	:	J) Addir In additi conditio i) On the insurable	tional elig on to the ns must b effective d amount, a Age ge 16 and Age 17 to	gibility condition e met: ate of in nd maxi under 54	criteria ons stipulated in surance, you must mum term require Maximum	section respect t ments sti Insurab Critica \$125,000	I) General e he minimun pulated belo le Amount i illness insur	ligibility crit n age, maxir w: <b>M</b> ance is not a	eria, <b>the following</b> num age, maximum <b>aximum Term</b> vailable. 108 months
application. <b>I) General eligit</b> To be eligible for th 1. Be a natural pers 2. Be a Canadian re 3. Be the lessee(s) (	swer all the questions carefully. Sub <b>bility criteria</b> the insurance offered in this applicati son; and esident; and (as indicated in the lease agreemen	ject to the temporary	ditions must be met	:	J) Addi In addit conditio i) On the insurable A	tional elig on to the ns must b effective d amount, a Age ge 16 and Age 17 to Age 55 to	gibility condition e met: ate of in nd maxi under 54 60	criteria ons stipulated in surance, you must mum term require Maximum	section respect t ments sti Insurab Critica \$125,000 \$125,000	I) General e he minimun pulated belo le Amount i illness insur	ligibility crit age, maxir w: ance is not a	eria, the following num age, maximum aximum Term vailable. 108 months 60 months
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K) 0	Other eligibility criteria	
1. If	f you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:	
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and	
ii)	) Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive leave insurance application.	ave when you completed this
2. If	f you are a <b>seasonal worker</b> , the following conditions must be met:	Definition of Actively at
i)	For the last 24 months, you have worked in the same industry; and	Work
ii)	) Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and	Your employment requires you
iii	ii) Over the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and	to work a minimum of:
iv	w) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	• 25 hours per week; and
3. If	f you are <b>self-employed or an entrepreneur</b> , the following conditions must be met:	
i)	For the last 12 months, you satisfied the definition of actively at work; and	<ul> <li>35 weeks (consecutive or not) per year, excluding all periods</li> </ul>
ii)	) For the last 12 months, you have worked for the same company; and	during which you are not at
iii	i) Over the last completed fiscal year, the annual income of your company is at least \$10,000, after deduction of all operating expenses; and	work (e.g., unpaid leave, sick
iv	<ul> <li>When completing this insurance application, you were apt to carry out the normal tasks of your occupation.</li> </ul>	leave, disability leave).
4. If	f situations 1 to 3 do not apply to you, the following conditions must be met:	
i)	For the last 12 months, you satisfied the definition of actively at work; and	
ii)	) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	

L) Waivers		
I hereby certify that I was presented with an insurance offer, but, after careful consideration,	Applicant 1	Applicant 2
I have decided to refuse critical illness insurance coverage.		

VI) De	clarations		
I he	eby declare the following:	Applicant 1	Applicant 2
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.		
ii)	I acknowledge receipt of a copy of the insurance application and insurance certificate.		
iii)	I have read and understood the provisions, definitions and exclusions in the insurance certificate.		
iv)	I understand that any benefits payable under this insurance are payable solely to the creditor to reimburse the financing agreement in whole or in part.		
v)	Upon receipt of the insurance offer, the distributor gave me a Summary and a Fact sheet.		
vi)	I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.		
	This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.		
viii)	I have read, understand and agree with the contents of the section File and Personal Information below:		
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your elipibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices,		
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health and our service providers to exchange personal information, when relevant and necessary for the purposes of processing my application, managing the insurance and assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of managing this insurance.		
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.		
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.       - a diagnosis         - a medical opinion       - a medical opinion         - a visiting medical condition is provided by the effective date of insurance.       - a medical opinion		
	A pre-existing medical condition is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the List of treatments; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment.		

Signature - Applicant 1

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Date of signature



# Insurance Application Plan STQ273

Canadian Premie described in cert	er Life Insurance Company (Secu ificate number:	rian Canada), here	inafter "we", pro	ovides tł	ne insuran	ce	STQ	-		Effective	Date of Insu	irance
	reement:  Purchase (loa preement information	in) 🗆 Lease										
Term (in months)	months	Interest Rate	0	6	Monthly Pay \$	ment (exclu	iding insi	urance premium)	Total An \$	nount Financ	ed (excludir	ng insurance premium)
					*							
B) Applicant 1 I Last Name	nformation	First Name				Phone Nu	umber		Date of	Birth		Sex
												<i>ven</i>
Number	Street		Apt.	City				Province	-		Postal Cod	e
C) Applicant 2 I	nformation											
Last Name		First Name				Phone Nu	ımber		Date of	Birth		Sex
Number	Street		Apt.	City				Province			Postal Cod	5
D) Distributor I Name	nformation											
Name												
Number	Street		Suite	City				Province			Postal Code	2
Name	reement Creditor Informatio	n										
Number	Street		Suite	City				Province			Postal Code	2
F) Insurance Co	verage											
	ce is optional and is not required for	the financing agreer	nent. The insurance	can be te	erminated a	t any time v	vith a wr	itten notice.				
Critial Illness Inst	urance Coverage			Appli	cant 1	Applica	nt 2	Insurance Prer	nium	Coverage I	End Date	Coverage Term (in months)
	Initial Benefit			\$		\$		\$				months
	Residual Value			\$		\$		Subtotal \$				
							Ē	Taxes \$				
								Total \$				
G) Effective Da		a datas: 1) the data	an uchich this incurs		licotion is si	amod 2) if a	modical	augetienneise is i		the data an i	uhich und an	
application, 3) the	es effect on the latest of the followir date on which the loan is disbursed	in whole or in part, a	on which this insuration in the second se	ance app rsement i	s made in t	gned, 2) if a he 90 days a	after the	insurance applica	equired, tion is sig	ine date on v Ined. After th	which we ap iis time, a ne	ew insurance
application must b	e submitted. ete a medical questionnaire (see sect	ion H) Poquirod Mo	dical Questionnai	ro of this	incuranco	application)	vou wil	l ha tampararily a	- word for	r the period (	during whic	
application, up to 9	90 days. After this time, a new insura / the eligibility criteria, insurance wil	nce application mus	t be submitted.				-	i be temporarily o	Jvereu io	r the period (		i we analyze your
	edical Questionnaire	-										
Applicants have to	complete a medical questionnaire in	n the following situat	ions:									
	benefit amount exceeds \$50,000.											
	nce application is submitted after th nswer all the questions carefully. Sub								we have	analvzed an	d approved	vour insurance
application.	<i>,,</i>	,, ,										,
I) General eligil	bility criteria				J) Add	itional elig	gibility	criteria				
	ne insurance offered in this application	on, the following con	ditions must be me	t:				ons stipulated in	section	I) General el	ligibility crite	eria, the following
1. Be a natural per 2. Be a Canadian r						ons must b e effective d		surance, vou must	respect t	the minimum	i age, maxin	num age, maximum
	(as indicated in the lease agreement	) or the borrower(s)	(as indicated in the	loan	insurabl		ind maxi	mum term require			1	5.
agreement) or the		. ,				Age 16 and	under	Maximum		le Amount		aximum Term
					/		under		Citled	י וווינווי כבייוווי		vailable
						Age 17 to	54		\$125,000	)	1	vailable. 108 months
						Age 17 to Age 55 to	60		\$125,000	)		108 months 60 months
						Age 17 to Age 55 to Age 61 and	60 over		\$125,000 Critica	<b>)</b> I illness insura	ance is not a	108 months 60 months vailable.

K) 0	Other eligibility criteria	
1. If	f you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:	
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and	
ii)	) Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive leave insurance application.	ave when you completed this
2. If	f you are a <b>seasonal worker</b> , the following conditions must be met:	Definition of Actively at
i)	For the last 24 months, you have worked in the same industry; and	Work
ii)	) Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and	Your employment requires you
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ii)	) For the last 12 months, you have worked for the same company; and	during which you are not at
iii	i) Over the last completed fiscal year, the annual income of your company is at least \$10,000, after deduction of all operating expenses; and	work (e.g., unpaid leave, sick
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L) Waivers		
I hereby certify that I was presented with an insurance offer, but, after careful consideration,	Applicant 1	Applicant 2
I have decided to refuse critical illness insurance coverage.		

M) De	clarations		
l he	reby declare the following:	Applicant 1	Applicant 2
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.		
ii)	I acknowledge receipt of a copy of the insurance application and insurance certificate.		
iii)	I have read and understood the provisions, definitions and exclusions in the insurance certificate.		
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vi)	I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.		
vii)	This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.		
viii)	I have read, understand and agree with the contents of the section File and Personal Information below:		
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices,		
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health and our service providers to exchange personal information, when relevant and necessary for the purposes of processing my application, managing the insurance and assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of managing this insurance.		
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.		
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.       - a diagnosis         A pre-existing medical condition is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance:       - a treatment         You received a treatment stipulated in the List of treatments; or       - a onsultation, including a consultation for investigation.		

Signature - Applicant 1

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Date of signature



# Insurance Application Plan STQ273

Canadian Premie described in certi	r Life Insurance Company (Secu ficate number:	rian Canada), here	inafter "we", pro	vides t	he insuranc	e	STQ	-		Effective	Date of Inst	irance
	reement: 🗆 Purchase (loa	an) 🗆 Lease										
A) Financing ag Term (in months)	reement information	Interest Rate			Monthly Payr	nent (exclu	iding ins	urance premium)	Total An	nount Finan	ced (excludi	ng insurance premium)
	months		%	0	\$´´		5		\$			5
B) Applicant 1 I	nformation								1 -			
Last Name		First Name				Phone Nu	mber		Date of	Birth		Sex
Number	Street		Apt.	City		1		Province			Postal Cod	e
C) Applicant 2 I	nformation					•					-	
Last Name	mormation	First Name				Phone Nu	mber		Date of	Birth		Sex
Number	Street		Apt.	City				Province			Postal Cod	e
			1	_							1	
D) Distributor II	nformation											
Name												
Number	Street		Suite	City				Province			Postal Cod	e
E) Financing Ag	reement Creditor Informatio	n										
Name												
			1	1								
Number	Street		Suite	City				Province			Postal Cod	e
			1									
F) Insurance Co NOTE: This insurance	verage ce is optional and is not required for	the financing agreer	nent. The insurance (	can be t	terminated at	any time v	vith a wr	ritten notice.				
Critial Illness Insu					licant 1	Applica		Insurance Prer	nium	Coverage	End Date	Coverage Term (in months)
	Initial Benefit		4	\$	\$			\$				months
	Residual Value	!		\$	\$			subtotal \$				months
							F	Taxes \$				
								Total \$				
							L					
G) Effective Dat						1 - 2 - 16						
application, 3) the	es effect on the latest of the following date on which the loan is disbursed	ig dates: 1) the date in whole or in part, a	on which this insura s long as the disburg	nce app sement	is made in th	ned, 2) if a e 90 days a	fter the	insurance applica	equired, tion is sig	the date on ' ned. After th	which we aj nis time, a n	oprove your insurance ew insurance
application must be		ion II) Domined Me	diaal Owentiannais	ve of thi		nulisation)		l ha taman avanilu a	unanad fa		مارسا مرم بروام	
application, up to 9	ete a medical questionnaire (see sec 30 days. After this time, a new insura	ance application must	be submitted.				-		overed to	the period	during whic	n we analyze your
If you fail to satisfy	the eligibility criteria, insurance wi	l not be granted and	all premiums paid w	vill be re	eimbursed to	the credito	r.					
	dical Questionnaire	ales following sites	·									
	complete a medical questionnaire i benefit amount exceeds \$50,000.	n the following situat	10115:									
2. When the insura		o financing agroomo	nt is signed, regardle									
Place read and an	nce application is submitted after th				and a state of the second							
	nce application is submitted after the swer all the questions carefully. Sub		insurance and othe	r terms	and condition	ns, insuranc	e will no	ot take effect until	we have	analyzed an	d approved	your insurance
application.	swer all the questions carefully. Sub		insurance and othe	r terms		·			we have	analyzed an	d approved	your insurance
application.  I) General eligit	swer all the questions carefully. Sub pility criteria	ject to the temporary			J) Addi	tional elig	gibility	criteria		,		
application.  I) General eligit	swer all the questions carefully. Sub <b>bility criteria</b> te insurance offered in this applicati	ject to the temporary			J) Addi In addit conditio	tional elig on to the ns must b	gibility conditi e met:	criteria ons stipulated in	section	l) General e	ligibility crit	eria, <b>the following</b>
application. <b>I) General eligit</b> To be eligible for th 1. Be a natural pers 2. Be a Canadian re	swer all the questions carefully. Sub <b>bility criteria</b> te insurance offered in this applicati son; and esident; and	ject to the temporary	ditions must be met	:	J) Addir In additi conditio i) On the	tional elig on to the ns must b effective d	gibility condition e met: ate of in	criteria ons stipulated in surance, you must	section respect t	I) General e he minimun	ligibility crit	
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K) 0	Other eligibility criteria	
1. If	f you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:	
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and	
ii)	) Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive leave insurance application.	ave when you completed this
2. If	f you are a <b>seasonal worker</b> , the following conditions must be met:	Definition of Actively at
i)	For the last 24 months, you have worked in the same industry; and	Work
ii)	) Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and	Your employment requires you
iii	ii) Over the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and	to work a minimum of:
iv	w) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	• 25 hours per week; and
3. If	f you are <b>self-employed or an entrepreneur</b> , the following conditions must be met:	
i)	For the last 12 months, you satisfied the definition of actively at work; and	<ul> <li>35 weeks (consecutive or not) per year, excluding all periods</li> </ul>
ii)	) For the last 12 months, you have worked for the same company; and	during which you are not at
iii	i) Over the last completed fiscal year, the annual income of your company is at least \$10,000, after deduction of all operating expenses; and	work (e.g., unpaid leave, sick
iv	<ul> <li>When completing this insurance application, you were apt to carry out the normal tasks of your occupation.</li> </ul>	leave, disability leave).
4. If	f situations 1 to 3 do not apply to you, the following conditions must be met:	
i)	For the last 12 months, you satisfied the definition of actively at work; and	
ii)	) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	

L) Waivers		
I hereby certify that I was presented with an insurance offer, but, after careful consideration,	Applicant 1	Applicant 2
I have decided to refuse critical illness insurance coverage.		

	clarations		
I he	eby declare the following:	Applicant 1	Applicant 2
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.		
ii)	I acknowledge receipt of a copy of the insurance application and insurance certificate.		
iii)	I have read and understood the provisions, definitions and exclusions in the insurance certificate.		
iv)	I understand that any benefits payable under this insurance are payable solely to the creditor to reimburse the financing agreement in whole or in part.		
v)	Upon receipt of the insurance offer, the distributor gave me a Summary and a Fact sheet.		
vi)	I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.		
vii)	This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.		
viii)	I have read, understand and agree with the contents of the section File and Personal Information below:		
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices,		
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health and our service providers to exchange personal information, when relevant and necessary for the purposes of processing my application, managing the insurance and assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of managing this insurance.		
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.		
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.       - a diagnosis         A pre-existing medical condition is any health problem that includes, but is not limited       - a treatment         - a treatment       - a service		
	to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the <b>List of treatments</b> ; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment.		

Signature - Applicant 1

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Date of signature



# Insurance Application Plan STQ273

Canadian Premier Life Insurance Company (Securian Canada), hereinafter "we", provides the described in certificate number:				vides the i	nsurance	STQ -	STQ -		ve Date of Ins	Date of Insurance	
	reement: 🗆 Purchase (loa	an) 🗆 Lease									
A) Financing ag Term (in months)	preement information	Interest Rate		Mor	thly Payment (exc	ludina insur	rance premium)	Total Amount Fina	nced (exclud	ing insurance premium)	
	months		%		\$	J		\$			
B) Applicant 1 I	nformation										
Last Name First Name					Phone N	Phone Number Date of Birth				Sex	
Number	Street	1	Apt.	City	I		Province	<u> </u>	Postal Coo	de	
-											
C) Applicant 2 I	nformation	First Nome			Dhana	lumber		Data of Birth		Cav	
Last Name		First Name			Phone N	umper		Date of Birth		Sex	
Number	Street		Apt.	City	I		Province		Postal Coo	de	
	_	-	•								
D) Distributor I	nformation										
Name											
Number	Street		Suite	City			Province		Postal Coc	le	
E) Financing Ag	reement Creditor Informatio	n									
Name											
Number	Street		Suite	City			Province		Postal Coc	le	
F) Insurance Co											
NOTE: This insuran	ce is optional and is not required for	the financing agreer	nent. The insurance o	an be term	nated at any time	with a writ	tten notice.				
Critial Illness Insurance Coverage Applic				Applicar	t 1 Applic	ant 2	Insurance Pren	nium Coverag	e End Date	Coverage Term (in months)	
	_									(in montais)	
	Initial Benefit		\$	5	\$	\$				months	
	Initial Benefit Residual Value		\$	5			ıbtotal \$				
				5	\$						
				5	\$		ubtotal \$				
	Residual Value			5	\$		ıbtotal \$ Taxes \$				
G) Effective Da	Residual Value		\$	5	\$	Su	ıbtotal \$ Taxes \$ Total \$	equired the date o	n which we a	months	
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K) Other eligibility criteria				
1. If you are on maternity, paternity or parental leave or pregnant (or breastfeeding) on preventive leave, the following conditions must be met:				
i)	In the 12 months prior to the start of your leave or preventive leave, you satisfied the definition of actively at work; and			
ii)	Were it not for your leave or preventive leave, you would have been apt to carry out the normal tasks of the occupation you had prior to your leave or preventive leaving insurance application.	ave when you completed this		
2. If	you are a <b>seasonal worker</b> , the following conditions must be met:	Definition of Actively at		
i)	For the last 24 months, you have worked in the same industry; and	Work		
ii)	Over the last 12 months, you have worked more than 10 consecutive weeks during which you worked at least 25 hours per week; and	Your employment requires you		
iii	) Over the last 12 months, you received regular Employment Insurance (EI) benefits or EI fishing benefits; and	to work a minimum of:		
iv	) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	• 25 hours per week; and		
3. If	you are self-employed or an entrepreneur, the following conditions must be met:			
i)	For the last 12 months, you satisfied the definition of actively at work; and	35 weeks (consecutive or not)		
ii)	For the last 12 months, you have worked for the same company; and	per year, excluding all periods during which you are not at		
iii	) Over the last completed fiscal year, the annual income of your company is at least \$10,000, after deduction of all operating expenses; and	work (e.g., unpaid leave, sick		
iv	) When completing this insurance application, you were apt to carry out the normal tasks of your occupation.	leave, disability leave).		
4. If situations 1 to 3 do not apply to you, the following conditions must be met:				
i)	For the last 12 months, you satisfied the definition of actively at work; and			
ii)	When completing this insurance application, you were apt to carry out the normal tasks of your occupation.			

L) Waivers				
I hereby certify that I was presented with an insurance offer, but, after careful consideration,	Applicant 1	Applicant 2		
I have decided to refuse critical illness insurance coverage.				

	clarations		1	
I he	reby declare the following:	Applicant 1	Applicant 2	
i)	The information provided here is factual and complete and any misrepresentation or incompleteness may void the insurance.			
ii)	I acknowledge receipt of a copy of the insurance application and insurance certificate.			
iii)	I have read and understood the provisions, definitions and exclusions in the insurance certificate.			
iv)	I understand that any benefits payable under this insurance are payable solely to the creditor to reimburse the financing agreement in whole or in part.			
v)	Upon receipt of the insurance offer, the distributor gave me a Summary and a Fact sheet.			
vi)	I authorize the distributor to pay the insurer the total premium on my behalf. If my insurance application is denied, the insurer's responsibility is limited to reimbursing the premium.			
vii)	This insurance application, medical questionnaire (if applicable) and all forms submitted make up the insurance certificate.			
viii)	I have read, understand and agree with the contents of the section File and Personal Information below:			
	File and Personal Information: Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 656. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices,			
ix)	I authorize any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health and our service providers to exchange personal information, when relevant and necessary for the purposes of processing my application, managing the insurance and assessing claims. I also authorize the exchange of personal information with the creditor for the purpose of managing this insurance.			
x)	I confirm that a photocopy or electronic copy of this authorization is as valid as the original.			
xi)	I acknowledge that my benefit claim could be denied if it is related to a pre- existing medical condition, as defined below, if the event that is the subject of the benefit claim occurs in the 18 months following the effective date of insurance.       - a diagnosis         - a medical opinion       - a medical opinion         - a treatment       - a treatment			
	A <b>pre-existing medical condition</b> is any health problem that includes, but is not limited to, an illness, a critical illness, an injury or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the effective date of insurance: - You received a treatment stipulated in the <b>List of treatments</b> ; or - You had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment.			

Signature - Applicant 1

Date of signature

Signature - Applicant 2

Date of signature

Distributor's authorized signature

Date of signature

# Insurance Certificate Group Credit Insurance - Plan STQ273

# This document is a standard contract for *our* group credit insurance product. To know the amount applicable to the insurance *you* purchased, refer to *your Insurance Application*.

#### For the purposes of this contract:

- "We", "our(s)" and "us": refers to the insurer of this policy, namely, Canadian Premier Life Insurance Company (Securian Canada), a company whose head office is located at 25 Sheppard Ave Ave West, Suite 1400, Toronto, Ontario, M2N 6S6;
- "You", "your" and "yours": refers, whether individually or collectively, to the insured person(s) named in the *Insurance Application*.

Moreover, the definitions of terms, words and expressions appear in the **Definitions** section under **PART 3 - GENERAL PROVISIONS**, as well as in the **Definitions** sections of each insurance coverage.

These terms, words or expressions are *italicized*.

We only insure you for the coverage(s) described in this certificate if:

- A premium and insurance amount are stipulated in the Insurance Application; and
- The insurance premium was paid in full; and
- We accepted your Insurance Application, after analyzing your medical questionnaire, if applicable.

Your certificate is not assignable to whomever, for whatever reason.

# **Table of contents**

Part 1 – Critical illness insurance coverage	4
Section 1 – Purpose of coverage Section 2 – Definitions specific to critical illness insurance coverage Section 3 – List of covered critical illnesses Section 4 – Amount of insurance benefits Section 5 – Restrictions Section 6 – Exclusions	
Part 2 – Temporary insurance agreement	
during the risk selection process	8
Part 3 – General provisions	9
Section 1 – Definitions	9
Section 1 – Definitions Section 2 – Exclusions	9
Section 1 – Definitions Section 2 – Exclusions Section 3 – End of insurance Section 4 – Rescission right	9
Section 1 – Definitions Section 2 – Exclusions Section 3 – End of insurance Section 4 – Rescission right Section 5 – Premium reimbursement	9
Section 1 – Definitions Section 2 – Exclusions Section 3 – End of insurance Section 4 – Rescission right Section 5 – Premium reimbursement Section 6 – Benefit claims	9
Section 1 – Definitions Section 2 – Exclusions Section 3 – End of insurance Section 4 – Rescission right Section 5 – Premium reimbursement	9
Section 1 – Definitions Section 2 – Exclusions Section 3 – End of insurance Section 4 – Rescission right Section 5 – Premium reimbursement Section 6 – Benefit claims Section 7 – False declarations on important facts, your health or your medical	9

# **Eligibility criteria**

To be eligible for the coverage stipulated in this insurance certificate, *you* must satisfy the eligibility criteria in sections I) to K) of the *Insurance Application*.

# Part 1 – Critical illness insurance coverage

# Section 1 – Purpose of coverage

Subject to other provisions of this certificate, *we* agree to pay the insurance benefit if *you* are diagnosed with a *critical illness* stipulated in **Section 3 - List of covered critical illnesses** while *you* are covered by this insurance coverage and that *you* are first diagnosed unequivocally and definitively.

# Section 2 – Definitions specific to critical illness insurance coverage

- "Critical illness" means a pathological state stipulated in Section 3 List of covered critical illnesses.
- "Specialist" means a medical doctor who holds a license and has specialized medical training related to a *critical illness* for which the benefit claim is submitted, and who has been certified by a specialty examining board.
- "Survival period" means the 30 days during which *you* must survive after being diagnosed with a *critical illness* before any benefit can be paid under this insurance coverage.

# Section 3 – List of covered critical illnesses

The medical conditions eligible to be considered *critical illnesses* for the purposes of this insurance coverage are described and hold the meaning stipulated herein.

To be recognized, the *illness* must be diagnosed by a *specialist*.

In the event that a *specialist* is not available, and subject to *our* approval, an *illness* can be diagnosed by a licensed *physician* practicing in Canada.

# Blindness

A definite diagnosis for total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or
- the field of vision being less than 20 degrees in both eyes.

## Cerebrovascular accident (resulting in persistent neurological deficits)

A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis, haemorrhage, or embolism with:

- acute onset of new neurological symptoms; and
- new objective neurological deficits on clinical examination, persisting continuously for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing showing changes that are consistent in character, location and timing with the new neurological deficits.

For the purposes of this insurance coverage, neurological deficits must be detectable by a *specialist* and may include, but are not restricted to, measurable loss of hearing, measurable loss of vision, measurable changes in neuro-cognitive function, objective loss of sensation, paralysis, localized weakness, dysarthria (difficulty with pronunciation), dysphasia (difficulty with speech), dysphagia (difficulty swallowing), impaired gait (difficulty walking), difficulty with balance, lack of coordination or new-onset seizures undergoing treatment.

**Exclusions**: No benefit will be payable as per the definition of a "cerebrovascular accident (with persistent neurological deficits)" for:

- transient ischaemic attacks;
- intracerebral vascular events due to trauma;
- ischaemic disorders of the vestibular system;
- death of tissue of the optic nerve or retina without total loss of vision of that eye; or
- lacunar infarcts that do not meet the definition of cerebrovascular accident as described above.

Furthermore, headache and fatigue are not considered neurological deficits.

## Coronary artery bypass surgery

The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s).

**Exclusions**: No benefit will be payable as per the definition of coronary artery bypass surgery for:

- angioplasty;
- intra-arterial procedures;
- percutaneous trans-catheter procedures; or
- non-surgical procedures.

#### Deafness

A definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

#### Heart Attack (acute myocardial infarction)

A definite diagnosis of death of heart muscle due to obstruction of blood flow, that results in a rise and fall of cardiac biomarkers to levels considered diagnostic of acute myocardial infarction, with at least one of the following:

- heart attack symptoms;
- new electrocardiographic (ECG) changes consistent with a heart attack; or
- development of new pathological Q waves on ECG following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and/or angioplasty.

**Exclusions:** No benefit will be payable as per the definition of "heart attack (acute myocardial infarction)" for:

- ECG changes suggestive of a prior myocardial infarction;
- other acute coronary syndromes, including angina pectoris and unstable angina; or
- elevated cardiac biomarkers and/or symptoms that are due to medical procedures or diagnoses other than heart attack.

#### **Kidney failure**

A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

#### Life-threatening cancer

A definite diagnosis of a malignant tumour. The tumour must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.

A cancer diagnosis must be confirmed by a pathology report.

For the purposes of this insurance coverage:

- T1a or T1b prostate cancer means a clinically inapparent tumour that was not palpable on digital rectal examination and was incidentally found in resected prostatic tissue.
- The term gastrointestinal stromal tumours (GIST) classified as AJCC Stage 1 means:
  - Gastric and omental GISTs that are less than or equal to 10 cm in greatest dimension with five or fewer mitoses per 5 mm<sup>2</sup>, or 50 per HPF; or
  - Small intestinal, esophageal, colorectal, mesenteric and peritoneal GISTs that are less than or equal to 5 cm in greatest dimension with 5 or fewer mitoses per 5 mm<sup>2</sup>, or 50 per HPF.
- The terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 1 are as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 8<sup>th</sup> Edition, 2018.
- The term Rai stage 0 is as defined in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pastemack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

**Exclusions:** No benefit will be payable as per the definition of "life-threatening cancer" for:

- lesions described as benign, non-invasive, pre-malignant, of low and/or uncertain malignant potential, borderline, carcinoma in situ, or tumours classified as Tis or Ta;
- malignant melanoma of skin that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis, which includes, but is not limited to, cutaneous T cell lymphoma, basal cell carcinoma, squamous cell carcinoma or Merkel cell carcinoma;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest dimension and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified as Rai stage 0 without enlargement of lymph nodes, spleen or liver and with normal red blood cell and platelet counts;
- gastro-intestinal stromal tumours classified as AJCC Stage 1;
- grade 1 neuroendocrine tumours (carcinoid) confined to the affected organ, treated with surgery alone and requiring no additional treatment, other than perioperative medication to oppose effects from hormonal over secretion by the tumour; or
- thymomas (stage1) confined to the thymus, without evidence of invasion into the capsule or spread beyond the thymus.

**90-day exclusion period:** No benefit will be payable as per the definition of "life-threatening cancer" if, in the 90 days following the *effective date of insurance, you* are diagnosed with cancer (whether it is covered or not by this insurance).

# Major organ transplant

A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary.

To be eligible for this benefit as per the definition of "major organ transplant", *you* must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

# Motor neuron disease

A definite diagnosis of one of the following *illnesses* exclusively: myotrophic Lateral Sclerosis (also known as ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy or pseudo bulbar palsy.

# **Multiple sclerosis**

A definite diagnosis, after the *effective date of insurance*, of at least one of the following:

- two or more separate clinical attacks confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or
- a single attack, with objective neurological deficits lasting more than 6 months, confirmed by MRI of the nervous system, showing multiple lesions of demyelination; or
- a single attack, confirmed by repeated MRI of the nervous system, which shows multiple new lesions of demyelination which have developed at intervals at least one month apart.

For the purposes of this insurance, neurological deficits must be detectable by a *specialist* and may include, but are not restricted to, measurable loss of hearing, measurable loss of vision, measurable changes in neuro-cognitive function, objective loss of sensation, paralysis, localized weakness, dysarthria (difficulty with pronunciation), dysphasia (difficulty speech), dysphagia (difficulty swallowing), impaired gait (difficulty walking), difficulty with balance, lack of coordination or new-onset seizures undergoing treatment.

**Exclusions**: No benefit will be payable for:

- solitary sclerosis;
- clinically isolated syndrome;
- radiologically isolated syndrome;
- neuromyelitis optica spectrum disorders; or
- suspected multiple sclerosis or probable multiple sclerosis.

Furthermore, headache and fatigue are not considered neurological deficits.

# Paralysis

A definite diagnosis of the total loss of muscle function of two or more limbs as a result of *injury* or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

# Severe burns

A definite diagnosis of third degree burns over at least 20% of the body surface.

# Section 4 – Amount of insurance benefits

The benefit is payable to the *creditor* named in *your Insurance Application* after the *survival period* and upon receipt of satisfactory medical proof.

The amount of the benefit is equal to the lesser of the following amounts:

- 1. **For a loan agreement**, the balance of the contract owed on the date on which *you* are diagnosed with a *critical illness* as stipulated in the notice issued by the *creditor*;
- 2. **For a lease agreement**, the present value of future payments remaining upon the date on which *you* are diagnosed with a *critical illness* and, if *you* opted for this option, the *residual value* indicated in *your Insurance Application*;
- 3. The initial benefit stipulated in section **F) Insurance coverage** of *your Insurance Application*;
- 4. The maximum insurable amount stipulated in section **J**) **Additional eligibility criteria** in *your Insurance Application*.

In all cases, the amount of the benefit includes the insurance premium.

# Section 5 – Restrictions

- 1. When more than one person is insured by this insurance coverage, no more than one benefit is payable, to whomever submitted the benefit claims form first.
- 2. The insurance benefit in no way covers payments in arrears under the *financing agreement* or any accrued interest thereon.

# Section 6 – Exclusions

In addition to the exclusions stipulated in **Section 2 – Exclusions** under **PART 3 – General provisions** herein, no benefit is payable if the *critical illness* results directly or indirectly from :

- 1. Attempted suicide or intentional self-inflicted *injury*, regardless of *your* state of mind; or
- 2. *Your* chronic or excessive consumption of alcohol or drugs, use of illicit drugs or substances, or misuse of medication obtained with or without a prescription, unless participating in a rehabilitation program that is approved and monitored by a *physician*.

In addition, no benefit is payable for a *critical illness* for which *you* have already been diagnosed prior to the *effective date of insurance*, even if *you* are totally recovered or in remission at the time of the *effective date of insurance*.

# Part 2 – Temporary insurance agreement during the risk selection process

If *you* must complete a medical questionnaire, in compliance with section **H**) **Required Medical Questionnaire** in *your Insurance Application, you* will be temporarily covered for the period during which *we* analyze *your application* as per the terms and conditions herein and a maximum coverage amount of \$50,000 if *you* are between 18 and 60 years of age.

The temporary insurance terminates on the earliest of the following dates:

- 1. the 90<sup>th</sup> day following the date on which *you* signed the *Insurance Application*;
- 2. the date on which we accept or deny your Insurance Application.

**Exclusion**: Temporary insurance does not apply if *you* complete the *Insurance Application* after the date on which *you* signed the *financing agreement*.

# Part 3 – General provisions

# Section 1 – Definitions

"Accident" means an unintentional, sudden, unforeseen and unpredictable event:

- that is attributable to a violent external cause; and
- that, directly and independently of any other cause, causes one or more bodily *injuries*.

"Consumer good" means an item that *you* have purchased or leased and for which *you* have signed a *financing* agreement.

"Creditor" means the financing company that grants the loan or lease agreement for your consumer good.

"Distributor" refers to the company that sold you this insurance.

"Effective date of insurance" means the date on which the insurance takes effect, as stipulated in the *Insurance Application*.

"Family member" means *your* spouse, father, father-in-law, mother, mother-in-law, legal guardian, *your* children and *your* spouse's children, brothers and sisters, half-brothers and half-sisters, grandchildren, grandparents, father's spouse, mother's spouse, sons-in-law, daughters-in-law, uncles and aunts, nephews and nieces.

"Financing agreement" means the loan or lease contract for your consumer good.

"Illness" means a deterioration in health or a physical disorder diagnosed by a *physician* and requiring medical treatment.

"Injury" means bodily injury:

- that results directly and solely from an *accident*; and
- that leads to your total disability; and
- that is diagnosed by a *physician*.

What is not considered an *injury* is any bodily *injury* resulting from:

- an intentional act; or
- an *illness*; or
- any cause other than an *accident*.

"Insurance Application" means the insurance application you signed.

"Physician" means a person other than *yourself* or *family member* or *your* business partner who is licensed to practice medicine in Canada.

"Pre-existing medical condition" means any health problem that includes, but is not limited to, an *illness*, a *critical illness*, an *injury* or any other affliction, like a psychological, nervous or psychiatric disorder, for which, in the 12 months prior to the *effective date of insurance*:

- *you* received a treatment stipulated in the **List** of treatments; or
- *you* had symptoms that would lead a reasonably cautious person to seek a diagnosis, care or treatment.

#### List of treatments:

- i. A diagnosis
- ii. A medical opinion
- iii. A treatment
- iv. A service
- v. A prescription drug
- vi. A consultation, including a consultation for investigation.

"Residual value" means the predetermined value of the *consumer good* at the end of the lease agreement, as stipulated in this contract.

# Section 2 – Exclusions

No benefit is payable if the *critical illness* results directly or indirectly from:

- 1. a *pre-existing medical condition* (however, this exclusion is voided if the event that is the subject of the claim occurs more than 18 months after the *effective date of insurance*);
- 2. participating in a criminal act or attempting to commit a criminal offence;
- 3. assaults that you committed;
- 4. war, whether declared or undeclared, insurrection, rebellion or your participation in a riot or popular uprising;
- 5. travelling or flying in, or descending from any kind of aircraft, other than as a fare-paying passenger, if the aircraft is only used to transport passengers or passengers and cargo;
- 6. *your* operating of a motor vehicle, vessel, aircraft or railway equipment if:
  - a) your blood alcohol level is 80 mg or higher per 100 ml of blood;
  - b) the concentration of a drug in *your* blood is equal to or higher than 5 ng of THC per ml of blood;
  - c) the concentration of a drug in *your* blood is equal to or higher than 2.5 ng of THC per ml of blood, combined with a blood alcohol level that is equal to or higher than 50 mg or higher per 100 ml of blood;
  - d) the presence of any illicit substance in your blood;
  - e) *you* are taking medication whose prescription includes a warning against driving a motor vehicle.

# Section 3 – End of insurance

#### This insurance coverage will end on the earliest of the following dates:

- 1. the date on which the *financing agreement* is modified, refinanced, or declared expired by the *creditor* named in *your Insurance Application*;
- 2. the date on which the consumer good is repossessed, sold or is the subject of a court ruling;
- 3. the date stipulated in *your financing agreement* on which all payments were paid in full, excluding all arrears and interest thereon;
- 4. the date on which the benefit becomes payable, in compliance with this certificate;
- 5. the end date of insurance, as stipulated in your Insurance Application;
- 6. the date on which we receive a written notice of termination from you;

If more than one person is insured, you can terminate:

- a) your insurance only; or
- b) the entire contract. For the latter, the signature of all insured persons is required;
- 7. the date of *your* 66<sup>th</sup> birthday;

If the insurance covers more than one person, only the portion applicable to the person who reached the age mentioned above ends.

8. the date on which the maximum term is reached, as stipulated in *your Insurance Application*.

# Section 4 – Rescission right

Upon receipt of a copy of the *Insurance Application*, you have **20 days** to cancel this insurance, without penalty.

If that is the case, return this certificate to *us* at the following address by recommended mail or any other method that requires a signature at Reinsurance Management Associates, Inc., 170 University Ave, Suite 500, Toronto, Ontario, M5H 3B3.

Upon receipt, we will cancel your insurance retroactively to the *effective date of insurance* and reimburse the premium paid.

# Section 5 – Premium reimbursement

If *your* insurance is terminated or cancelled during the term, *we* will reimburse the premium as follows:

1. The entirety of *your* premium is reimbursed if:

a) your Insurance Application is denied; or

b) you are considered not eligible on the effective date of insurance; or

c) *your* insurance is cancelled in the 20 days following receipt of a copy of the *Insurance Application*.

2. In all other cases, *your* reimbursement is calculated using one of the two calculation methods below, pending receipt of *your* notice of termination:

**Method 1**: The reimbursement is calculated according to **Rule of 78**, reduced by:

- all benefits paid under this insurance certificate; and
- a \$125 termination fee (this fee is applied only once per application).

**Rule of 78** is a standard mathematical formula used in the industry to calculate the unused portion of a premium. It is defined as follows:

(Premium – Policy fee) x ((A – B) x (A – B + 1)) / (A x (A + 1))

where:

A = Term of insurance (in months) B = Number of months during which the insurance was in effect Policy fee = \$100

# OR

**Method 2**: The reimbursement is calculated prorated to the number of months during which the insurance was in effect. The reimbursement of the premium will not be reduced by any benefit paid or any termination fee. Moreover, the policy fee will not be deducted from the premium when calculating the premium reimbursement.

Method 2 applies to the following *creditors*: Ford Credit Canada, Lincoln Automotive Financial Services, Volkswagen Credit Canada, Toyota Credit Canada, Financial Services Nissan Canada and Honda Canada Finance. To find out *your* reimbursement amount, please call *us* at 1-888-307-7443.

If *you* send *us* proof that all *your financing agreement* payments have been made, the premium reimbursement will be made directly to *you*. In all other cases, the reimbursement of premiums is made to the *creditor* to reimburse *your financing agreement*, whether in whole or in part.

**Restriction**: In all cases, the reimbursement amount must be at least \$5 to be reimbursed.

A cancellation retroactively ends a policy, as though it never existed.

A termination (end of insurance) ends a policy on a given date (after it has taken effect). The policy is no longer in effect, but it doesn't erase the past.

# Section 6 – Benefit claims

*You* must call 1-888-307-7443 (toll free) to obtain a benefit claims form.

In addition to the benefit claims form, please provide all corroborating documents.

To make it easier to process *your* claim, please provide the following documents to *us* by **no later than one year** after the date of the *critical illness* diagnosis.

If proof is required to process a benefit claim and it is not provided to *us*, the claim could be denied.

*We* will examine the benefit claim upon receipt and send a response within 30 days, provided all the necessary documents have been received.

If *we* consider the benefits to be payable based on the information provided, *we* will issue a cheque payable to the *creditor* in the 30 days following receipt of the benefit claim and send *you* a confirmation of benefit payment.

If the benefit claim is denied, you (or your creditor) can request a review of your file. To do so, you must:

- 1. explain why you want the claim to be reviewed; and
- 2. append all additional corroborating documents to *your* request for review.

If *you* are still unsatisfied with the decision rendered after review, *you* may also submit an official complaint to *our* Complaint Handling Department. To find out how, please call 1-888-307-7443.

A summary of *our* complaint handling policy is available here: https://securiancanada.ca/complaints.

You can also contact the Autorité des marchés financiers (AMF).

# Section 7 – False declarations on important facts, *your* health or *your* medical information

The information *you* provide *us* must always be factual and complete.

This insurance certificate is based on the information provided in *your Insurance Application* or related to the latter (including the answers to the medical questionnaire, if any). When *you* complete the *Insurance Application* and answer the medical questionnaire, *your* answers must be factual and complete. In the case of a benefit claim, *we* audit this information. If one of *your* answers is not factual or incomplete:

- 1. your coverage could be cancelled;
- 2. your benefit claim could be denied.

# Section 8 – Notice of constitution of a file and personal information use

#### Notice of constitution of a file

Respecting *your* privacy is a priority for Canadian Premier Life Insurance Company. *We* collect information from application forms and other information *you* provide to *us* or *our* distribution partners in connection with insurance and/or financial products offered by *us*.

#### Collection and use of *your* personal information

*We* collect, use and disclose *your* personal information for purposes that include: confirming *your* identity, underwriting, including determining *your* eligibility or need for insurance and/or financial products *you* request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. *We*, and *our* affiliates, may use the personal information for the purpose of offering *you*, or allowing select organizations to offer *you*, other products and services.

*You* may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. *We* will give access to *your* personal information only to those of *our* employees and independent contractors, affiliates within *our* corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with *our* reinsurers, who need *your* personal information to do their jobs. *We* will also provide access to anyone else *you* authorize.

All of *our* service providers with whom *we* have a contractual relationship are required to protect *your* personal information in accordance with this privacy statement and *our* privacy practices. Sometimes, unless *we* are otherwise prohibited, these people may be in, or *your* personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so *your* personal information may be subject to the laws of those other provinces or countries. *You* can ask for the information in our files about *you* and, if necessary, ask *us* in writing to correct it.

#### **Personal Information Protection Officer**

Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6.

To find out more about *our* privacy practices, visit: http://www.securiancanada.ca/privacy-statement.

# Notice of rescission of an insurance contract

# NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

# THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

То:	Reinsurance Management Associates, Inc. 170 University Ave, Suite 500, Toronto, Ontario, M5H 3B3	
Date:		(date of sending of notice)
financ	ant to section 441 of the Act respecting the distribution of tial products and services, by rescind insurance contract no.:	(number of contract, if indicated)
Enter	ed into on:	(date of signature of contract)
in:		(place of signature of contract)
		(name of client)
		(signature of client)

CPL 2023-07, Ann. 1.