

Distribution Guide

Name of Insurance Product:

Rogers Bank Balance Protection Insurance

Type of Insurance Product:

Credit Insurance for Rogers Bank Credit Card Holders

Life, Accidental Death, Involuntary Unemployment, Involuntary Loss of Self-Employment, Disability, Critical Illness and Hospitalization

Name and Address of the Insurer:

Canadian Premier Life Insurance Company

Head Office: 25 Sheppard Avenue West, Suite 1400, Toronto, Ontario M2N 6S6

Administration Office: PO Box 914, Station A, Toronto, Ontario M5W 1G5

canadianpremier.ca

Telephone: 1-866-249-0515

Email: service@canadianpremier.ca

Name and Address of the Distributor:

Rogers Bank

350 Bloor Street East, Suite 300

Toronto, Ontario M4W 0A1

Telephone: 1-855-775-2265

The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide. The insurer alone is responsible for any differences between the content of the guide and the Policy.

Table of Contents

- Glossary 1
- Introduction 4
- Description of Insurance Product Offered 5
 - A. Who can apply for insurance? 5
 - B. Summary of the coverage 5
 - C. Description of the coverage 6
 - I. Life Insurance Coverage 7
 - II. **Accidental Death** Insurance Coverage 8
 - III. **Involuntary Unemployment** Insurance Coverage 9
 - IV. **Involuntary Loss of Self-Employment** Insurance Coverage 13
 - V. **Disability** Insurance 16
 - VI. **Critical Illness** Insurance Coverage 19
 - VII. **Hospitalization** Insurance Coverage 21
 - D. The Date **Your** Insurance Comes Into Force 22
 - E. Term of **Your** Insurance Coverage 22
 - F. How to Cancel **Your** Insurance 23
 - G. The End of **Your** Insurance 23
 - H. Other Information 24
 - I. Calculation and Payment of Monthly Premium 24
 - II. Insurance Beneficiaries 24
 - III. Changes to **Your** Insurance Coverage 24
 - IV. Currency 24
 - V. Misrepresentation and Fraud 25
 - VI. Mistaken Payments 25
 - VII. Assignment 25
 - VIII. **Your** Privacy 25
 - IX. **Your** General Inquiries and Our Contact Information 26
- Proof of Claim 27
 - A. Submission of a Claim 27
 - I. Notification and Claim Form 27
 - II. Additional Documentation 27

III. Medical Examinations	27
B. Insurer's Reply	27
C. Appeal of Insurer's Decision and Recourses	28
Similar Products	29
Referral to the Autorité des marchés financiers	33
Appendices	31

Glossary

The following words and expressions used in the **Distribution Guide** shall have the meaning set out below. In order to facilitate their identification, they are written in “bold” and “capitalized” wherever used in this **Distribution Guide**.

Accidental Death means death as a result of external, violent and purely accidental means, sustained directly and independently of all other causes. The accident causing such death must occur after the **Effective Date**, and while the **Certificate of Insurance** is in force. The death must occur within one hundred (100) consecutive calendar days following the date of the accident.

Account means **Your** insured Rogers Bank credit card **Account**.

Certificate of Insurance means the **Certificate of Insurance** that **We** issue to **You** to confirm **Your** protection.

Creditor or **Rogers Bank** means the Rogers Bank.

Critical Illness means one of the following:

1. **Internal Cancer**
2. **Heart Attack**
3. **Stroke**

Diagnosis means the time when a **Specialist** establishes, using tests or other diagnostic methods, that you have a specific **Critical Illness**. The date of **Diagnosis of Internal Cancer** means the date of pathological examination of the involved tissue.

Disability or **Disabled** means the condition of being prevented from performing the regular duties of **Your Employment** and engaging in any other employment or occupation for which **You** are reasonably suited by education, training or experience for compensation or profit. Pregnancy is considered a **Disability** only if it is defined as high-risk by **Your** attending **Physician**.

Distribution Guide means the present **Distribution Guide** related to credit insurance for Rogers Bank **Account** Holders.

Effective Date means the date the insurance is in force as shown on the Schedule of Insurance on **Your Certificate of Insurance**.

Employed or **Employment** means employed on a full-time basis for a minimum of thirty (30) hours per week or a part-time basis for a minimum of twenty (20) hours per week.

Heart Attack means a myocardial infarction secondary to other sclerotic coronary artery disease as diagnosed by electrocardiogram (EKG) changes and elevations of blood markers of cardiac muscle damage in association with chest pain and/or other diagnostic tests.

He, His and **Him** refers to both genders.

Hospital means an institution which:

1. is operated pursuant to law;
2. is primarily engaged in providing or operating, either on its premises or in facilities available to the **Hospital** on a prearranged basis and under supervision of a staff of one (1) or more duly licensed **Physicians**, medical, diagnostic, and

- major surgery facilities for medical care and treatment of sick and injured persons on an inpatient basis; and
3. provides twenty-four (24) hour nursing service by or under the supervision of registered nurses (RNs).

Hospital does not include an institution or that part of an institution operated primarily as:

1. convalescent home, convalescent, rest or nursing facility;
2. facility primarily affording custodial or educational care; or
3. facility for the aged, drug addicts or alcoholics.

Hospitalization or **Hospitalized** means that **You** are admitted to **Hospital** as a result of accidental bodily injury or sickness, and remain in a **Hospital** for a minimum of three (3) consecutive calendar days.

Immediate Family means **You**, **Your Spouse**, or the parent, child, brother, or sister of **You** or **Your Spouse**.

Insured Account Holder means the person in whose name the **Account** is issued and whose name appears in the **Certificate of Insurance**.

Internal Cancer means malignancy, characterized by the uncontrolled growth and metastatic spread of malignant cells. This does not include skin cancer, but it does include malignant melanoma, Stage II or higher.

Involuntary Unemployment means that **You** have lost **Your Employment** involuntarily.

Involuntary Loss of Self-Employment means **You** have lost **Your Self-Employment** involuntarily due to a closure of **Your** business for causes not within **Your** control, resulting in a bankruptcy of **Your** business.

Monthly Benefit Payment means the minimum monthly payment retroactively based on the last statement balance, beginning with the first day of **Hospitalization**, **Involuntary Unemployment**, **Involuntary Loss of Self-Employment** or **Total Disability**.

Outstanding Balance means the amount that appears on **Your Account** statement as of the last billing date prior to the: (i) date of death or **Accidental Death**, (ii) admittance to **Hospital**, (iii) onset of **Involuntary Unemployment**, **Involuntary Loss of Self-Employment**, **Disability**, or; (iv) the first **Diagnosis of Critical Illness**.

Physician means a medical doctor who is duly licensed and legally qualified to diagnose and treat sickness and injuries. Such person must be providing services within the scope of his or her license. The **Physician** cannot be a member of **Your Immediate Family**.

Policy or Rogers Bank Balance Protection Insurance means the Group Credit Insurance Policy issued to Rogers Bank pursuant to which the **Certificate of Insurance** is underwritten by Canadian Premier Life Insurance Company.

Pre-Existing Condition means any condition for which **You** received medical advice, consultation or treatment, or would have caused a reasonably prudent person to seek medical advice, consultation or treatment, within six (6) months preceding the **Effective Date** of coverage and which caused **Disability** within six (6) months following the **Effective Date** of coverage.

Self-Employment / Self-Employed means **You** have worked a minimum of 20 hours per week in a business in which **You** are at least a fifty percent (50%) owner for a minimum of 3 consecutive months immediately before the date of **Your Involuntary Loss of Self-Employment**.

Specialist means a licensed **Physician** in the jurisdiction in which he/she is practicing and who has been trained in the specific area of medicine relevant to the covered **Critical Illness** condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a **Specialist**, and as approved by the Insurer, a condition may be diagnosed by a qualified **Physician** practicing in Canada. **Specialist** includes, but is not limited to, cardiologist, neurologist and oncologist. **You** cannot be the **Specialist** nor can the **Specialist** be in **Your Immediate Family**.

Spouse means a person who is legally married to **You**; or who cohabits with **You** and has been publicly represented as **Your Spouse** for a period of at least twelve (12) consecutive months prior to the date of loss.

Stroke means the irreversible death of brain tissue caused by thrombosis, embolism or hemorrhage. **Stroke** must be diagnosed by a **Physician** and be supported by structural changes seen on a CT scan, MRI or similar imaging tests.

Totally Disabled means the condition of being prevented from performing the regular duties of **Your** employment and engaging in any other employment or occupation for which **You** are reasonably suited by education, training or experience for compensation or profit.

Waiting Period for a particular benefit is described in the section for that benefit.

We, Us and **Our** mean Canadian Premier Life Insurance Company.

You and **Your** mean the **Insured Account Holder**.

Introduction

This **Distribution Guide** contains the essential information regarding the credit insurance plan, which is offered exclusively to the holders of the Rogers Bank credit card. It is designed to help **You** decide, without the presence of an insurance representative, if the credit insurance plan suits **Your** particular needs. The terms and conditions of the coverage for life, **Accidental Death, Disability, Involuntary Unemployment, Involuntary Loss of Self-Employment, Critical Illness and Hospitalization** are contained in the **Certificate of Insurance**. The **Certificate of Insurance** is underwritten by **Us**, the Canadian Premier Life Insurance Company, under a Group Credit Insurance Policy issued to Rogers Bank.

For any additional information about the credit insurance plan, please contact **Us** by telephone

1-866-249-0515

or by email at

service@canadianpremier.ca

Description of Insurance Product Offered

A. Who can apply for insurance?

You can apply for Rogers Bank Balance Protection Insurance if on the date **You** agreed to purchase this insurance coverage, **You**:

- Have been approved for an eligible Rogers Bank credit card by Rogers Bank;
- Are a resident of Canada; and
- Are at least 18 years old.

B. Summary of the coverage

If under 65 years of age:

You are covered should **You** suffer **Involuntary Unemployment**, **Involuntary Loss of Self-Employment** or **Disability**, or **You** are **Hospitalized**, or **You** received a **Diagnosis of Critical Illness**.

You are also covered in the event of death.

If aged between 65 and 69:

You are covered if **You** receive a **Diagnosis of Critical Illness** or **You** are **Hospitalized**.

You are also covered in the event of death.

If aged 70 and over:

You are covered only for **Accidental Death**.

The following table summarizes the seven types of insurance coverage offered by the Rogers Bank Balance Protection Insurance:

Coverage	Summary Description
Life	Pays to Rogers Bank the Outstanding Balance or \$20,000, whichever is less, in the event of Your death.
Accidental Death	Pays to Rogers Bank the Outstanding Balance or \$20,000, whichever is less, in the event of Your Accidental Death .

Coverage	Summary Description
Involuntary Unemployment or Involuntary Loss of Self-Employment	Pays to Rogers Bank a monthly Involuntary Unemployment insurance benefit equal to the greater of \$10 or 3% of the Outstanding Balance , up to a maximum of \$600 per month. The maximum amount of all monthly Involuntary Unemployment insurance benefits for any period of Involuntary Unemployment is the lesser of the Outstanding Balance or \$20,000.
Disability	Pays to Rogers Bank a monthly Disability insurance benefit equal to the greater of \$10 or 3% of the Outstanding Balance , up to a maximum of \$600 per month. The maximum amount of all monthly Disability insurance benefits for any period of Disability , including any recurrence, is the lesser of the Outstanding Balance or \$20,000.
Critical Illness	Pays to Rogers Bank the Outstanding Balance or \$20,000, whichever is less.
Hospitalization	Pays retroactively to Rogers Bank in case of Your Hospitalization up to two (2) minimum monthly payments based on Your Outstanding Balance , up to \$20,000 per month. The Hospitalization insurance benefit is paid once for each billing cycle period of Your Account during which You are Hospitalized without exceeding a maximum of two (2) monthly Hospitalization insurance payments per occurrence of Hospitalization .

NO OVERLAPPING BENEFITS

Subject to the terms and limitations of the Policy, if two or more benefit amounts are payable during any one billing cycle period of the insured credit card:

- Only one benefit amount will be paid to a maximum of twenty thousand dollars (\$20,000); and
- The largest of any benefit amounts payable will be paid.

For example, if **You** suffer a **Critical Illness** and a **Hospitalization** in the same billing cycle, **We** will pay only the **Critical Illness** benefit amount for that billing cycle.

C. Description of the coverage

The Rogers Bank Balance Protection Insurance, which is a credit insurance plan, offers the following seven types of coverage: life, **Accidental Death**, **Involuntary Unemployment**, **Involuntary Loss of Self-Employment**, **Disability**, **Critical Illness** and **Hospitalization**.

I. Life Insurance Coverage

Nature of Guarantee

Pays the **Outstanding Balance** or \$20,000, whichever is less, in the event of **Your** death.

If the life insurance claim is approved, **We** will pay the benefit to Rogers Bank to reduce the **Outstanding Balance** of **Your Account**.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage if the death occurs after the **Effective Date**, while the Rogers Bank Balance Protection Insurance is in force, and **You** are under 70 years of age, as applicable.

Amount of coverage

The benefit is equal to the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

Your estate is responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to Rogers Bank which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

A life insurance benefit will not be paid on **Your** death if:

- **You** commit suicide, whether sane or insane, within 6 months of the **Effective Date**;
- **You** were age 70 or greater on the last billing cycle date of **Your Account**, prior to the date of **Your** death;
- **You** were not eligible for coverage under the **Policy** when **You** applied;
- the insurance is not in force on the date of death; or
- an **Accidental Death** benefit is paid.

Charges to Your Account after the last billing cycle date, but prior to the date of death are not covered.

II. Accidental Death Insurance Coverage

Nature of Guarantee

Pays the **Outstanding Balance** or \$20,000, whichever is less, in the event of **Your Accidental Death**.

If the **Accidental Death** insurance claim is approved, **We** will pay the benefit to Rogers Bank to reduce the **Outstanding Balance** of **Your Account**.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage if the accident causing the **Accidental Death** occurs after the **Effective Date** and while the Rogers Bank Balance Protection Insurance is in force, and **You** are 70 years of age or greater, as applicable.

Amount of coverage

The benefit is equal to the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

Your estate is responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to Rogers Bank which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

An **Accidental Death** insurance benefit will not be paid on **Your** death if:

- **You are under the age of 70 on the last billing cycle date of Your Account, prior to the date of Your Accidental Death;**
- **You were not eligible for coverage under the Policy when You applied;**
- **the insurance is not in force on the date of Accidental Death;**
- **a life insurance benefit is paid.**

In addition, no benefit will be paid on Your death for any Accidental Death that is directly or indirectly caused by, results from or contributed to by:

- an intentionally self-inflicted injury, suicide, or any attempt at suicide, while sane or insane;
- any active participation in a riot, insurrection or war, either declared or undeclared;
- Your taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
- Your blood alcohol level being eighty (80) mg of alcohol per one hundred (100) ml of blood or higher;
- Your operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
- Your committing or attempting to commit a criminal offence or an assault or being engaged in an illegal activity;
- sickness, bodily or mental infirmity or their medical or surgical treatment including Diagnosis (except bacterial infections which result from an Injury) or mental disease or disorder;
- voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
- taking alcohol in combination with any drug, medication or sedative;
- West Nile virus however contracted;
- military or combat activities while serving in the armed forces in any country or international authority; or
- a Life Insurance benefit is paid.

Charges to Your Account after the last billing cycle date, but prior to the date of Accidental Death are not covered.

III. Involuntary Unemployment Insurance Coverage

Nature of Guarantee

For each occurrence of **Involuntary Unemployment**, a monthly **Involuntary Unemployment** insurance benefit equal to the greater of \$10 and 3% of the **Outstanding Balance** up to a maximum of \$600 per month is payable.

The maximum amount of all monthly **Involuntary Unemployment** insurance benefits for any period of **Involuntary Unemployment** is the lesser of the **Outstanding Balance** and \$20,000.

If the **Involuntary Unemployment** insurance claim is approved, **We** will pay the benefits to Rogers Bank after the end of the **Waiting Period**.

The benefits will be applied to **Your Account** by Rogers Bank, retroactively to the date **Your Involuntary Unemployment** begins.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage if the **Involuntary Unemployment** occurs after the **Effective Date** while the Rogers Bank Balance Protection Insurance is in force, **You** are under 65 years of age and **You** are registered and eligible for benefits with Human Resources Development Canada (HRDC) (or substantially similar government benefits), under the Employment Insurance (EI) Act (or substantially similar legislation).

Registration with (HRDC) should begin within fifteen (15) days after the date of **Involuntary Unemployment** and must continue for the entire period of the payment of benefits so long as **You** remain eligible for EI benefits, failing which, payments will be suspended until registration or re-registration occurs.

Waiting Period for Involuntary Unemployment insurance benefits

You must be wholly and continuously **Involuntarily Unemployed** for a minimum of 30 consecutive calendar days from the date of **Your Involuntary Unemployment**.

Term of Your Involuntary Unemployment insurance benefit

Your Involuntary Unemployment insurance benefits begin once **Your** claim is approved after the **Waiting Period**, and apply retroactively to when **Your Involuntary Unemployment** began.

The **Involuntary Unemployment** insurance benefits will end on the earliest of the date:

- **You** return to work or **You** engage in any business or occupation for wages or profit;
- **You** have received benefits equal to the **Outstanding Balance**; and
- **You** have received benefits equal to \$20,000.

Amount of coverage

The monthly **Involuntary Unemployment** insurance benefit is equal to the greater of:

- \$10; and
- 3% of the **Outstanding Balance**;

up to a maximum of \$600 per month.

If an **Involuntary Unemployment** insurance benefit is payable for a portion of the billing cycle period of **Your Account**, the claim payment will be pro-rated.

The maximum amount of all monthly **Involuntary Unemployment** insurance benefits is the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

You are responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to Rogers Bank which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

An Involuntary Unemployment Insurance benefit will not be paid if:

- **Your Involuntary Unemployment occurs either before or within the first 30 days from the Effective Date;**
- **You have not been Employed by the same employer for 3 consecutive months immediately before the date of Involuntary Unemployment;**
- **You have not been working a minimum of 30 hours per week on a full time basis, or 20 hours per week on a part time basis immediately before the date of Your Involuntary Unemployment;**
- **You have an approved and non-terminated Disability claim under the Policy on the date of Involuntary Unemployment;**
- **You were age 65 or greater on the last billing cycle date of Your Account prior to the date of Your Involuntary Unemployment;**
- **You are terminated by Your employer for cause;**
- **You quit or voluntarily end Your employment;**
- **You retire, whether mandatory or voluntary;**
- **You had received notice of Your pending Involuntary Unemployment prior to applying for the insurance;**

- You are on maternity or parental leave;
- Your Involuntary Unemployment is due to loss of seasonal employment or strikes, lock-outs or other labour disputes;
- Your Involuntary Unemployment results from an accident or illness, mental or physical;
- You are Self-Employed;
- You are terminated by Your employer as a result of Your commission or attempted commission of a criminal offence;
- You were not eligible for coverage under the Policy when You applied; or
- the insurance is not in force on the date of Involuntary Unemployment.

Charges to Your Account during an Involuntary Unemployment Waiting Period will not change the amount of the Involuntary Unemployment insurance benefit payable to Rogers Bank.

In the event that You become Disabled, Involuntarily Unemployed or experience Involuntary Loss of Self-Employment at the same time, only the larger of the benefits will be paid while the claim periods overlap.

Additional Charges during Claim Period

Coverage shall be calculated based on **Your Outstanding Balance**. Additional charges made during the period for which **You** are collecting benefits for **Involuntary Unemployment** coverage under the **Policy** does not change the benefit amount.

Re-Eligibility

When payments have been completed for a claim under this Part, **You** must resume **Employment** for a period of thirty (30) consecutive calendar days to become eligible for a further claim under the **Involuntary Unemployment** coverage.

IV. Involuntary Loss of Self-Employment Insurance Coverage

Nature of Guarantee

For each occurrence of **Involuntary Loss of Self-Employment**, a monthly **Involuntary Loss of Self-Employment** insurance benefit equal to the greater of \$10 and 3% of the **Outstanding Balance** up to a maximum of \$600 is payable.

The maximum amount of all monthly **Involuntary Loss of Self-Employment** insurance benefits for any period of **Involuntary Loss of Self-Employment** is the lesser of the **Outstanding Balance** and \$20,000.

If the **Involuntary Unemployment** insurance claim is approved, **We** will pay the benefits to Rogers Bank after the end of the **Waiting Period**.

The benefits will be applied to **Your Account** by Rogers Bank, retroactively to the date **Your Involuntary Loss of Self-Employment** begins.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage if the **Involuntary Loss of Self-Employment** occurs after the **Effective Date** while the Rogers Bank Balance Protection Insurance is in force, **You** are under 65 years of age.

Waiting Period for Involuntary Unemployment insurance benefits

You must be experiencing **Involuntary Loss of Self-Employment** wholly and continuously for a minimum of ninety (90) consecutive calendar days from the first date of **Your Involuntary Loss of Self-Employment**.

Term of Your Involuntary Unemployment insurance benefit

Your Involuntary Loss of Self-Employment insurance benefits begin once **Your** claim is approved after the **Waiting Period**, and apply retroactively to the first date of **Your Involuntary Loss of Self-Employment**.

The **Involuntary Loss of Self-Employment** insurance benefits will end on the earliest of the date:

- **You** become **Employed** or **You** engage in any business or occupation for wages or profit;
- **You** have received benefits equal to the **Outstanding Balance**; and
- **You** have received benefits equal to \$20,000.

Amount of coverage

The monthly **Involuntary Loss of Self-Employment** insurance benefit is equal to the greater of:

- \$10; and
- 3% of the **Outstanding Balance**;

up to a maximum of \$600 per month.

If an **Involuntary Loss of Self-Employment** insurance benefit is payable for a portion of the billing cycle period of **Your Account**, the claim payment will be pro-rated.

The maximum amount of all monthly **Involuntary Loss of Self-Employment** insurance benefits is the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

You are responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to Rogers Bank which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

An Involuntary Loss of Self-Employment Insurance benefit will not be paid if:

- **Your Involuntary Loss of Self-Employment occurs prior to or within the first thirty (30) days from the Effective Date;**
- **Your Involuntary Loss of Self-Employment continues uninterrupted for less than ninety (90) consecutive days;**
- **You have not been working a minimum of 20 hours per week for three consecutive months immediately before the date of Your Involuntary Loss of Self-Employment in a business in which You are at least a fifty percent (50%) owner;**
- **You have an approved and continuing Disability claim under the Policy on the date of Involuntary Loss of Self-Employment;**
- **You were age 65 or greater on the last billing cycle date of Your Account prior to the date of Your Involuntary Loss of Self-Employment;**
- **You quit or voluntarily close Your business;**

- **Your Involuntary Loss of Self-Employment results from an accident or illness, mental or physical;**
- **You are Employed;**
- **Your business is closed directly or indirectly due to Your commission or attempted commission of a criminal offence;**
- **You were not eligible for coverage under the Policy when You applied;**
or
- **the insurance is not in force on the date of Your Involuntary Loss of Self-Employment.**

Charges to Your Account during a Waiting Period will not change the amount of the Involuntary Loss of Self-Employment insurance benefit payable to Rogers Bank.

In the event that You become Disabled, Involuntarily Unemployed or experience Involuntary Loss of Self-Employment at the same time, only the larger of the benefits will be paid while the claim periods overlap.

Additional Charges during Claim Period

Coverage shall be calculated based on **Outstanding Balance**. Additional charges made during the period for which **You** are collecting benefits for **Involuntary Loss of Self-Employment** coverage under the **Policy** does not change the benefit amount.

Re-Eligibility

When payments have been completed for a claim under this coverage, **You** must resume **Self-Employment** for a period of ninety (90) consecutive days to become eligible for a further claim under the **Involuntary Loss of Self-Employment** coverage.

V. Disability Insurance

Nature of Guarantee

For each occurrence of a **Disability**, pays a monthly **Disability** insurance benefit equal to the greater of \$10 and 3% of the **Outstanding Balance**, up to a maximum of \$600 per month.

The maximum amount of all monthly **Disability** insurance benefits for any period of **Disability**, including any recurrence, is the lesser of the **Outstanding Balance** and \$20,000.

If the **Disability** insurance claim is approved, **We** will pay the benefits to Rogers Bank after the end of the **Waiting Period**.

The benefits will be applied to **Your Account** by Rogers Bank, retroactively to the date **Your Disability** begins.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage, if the **Disability** occurs after the **Effective Date** while the Rogers Bank Balance Protection Insurance is in force, **You** are under 65 years of age and **You** are **Employed** at the time of **Your Disability**.

Waiting Period for Disability insurance benefits

For each claim of **Disability**, **You** must be wholly and continuously **Disabled** for a minimum of:

- 30 consecutive calendar days, if **You** are working on a permanent full-time basis for a minimum of 30 hours per week, or on a permanent part-time basis for a minimum of 20 hours per week;
- 60 consecutive calendar days, if **You** are not working on a permanent full-time basis for a minimum of 30 hours per week, or on a permanent part-time basis for a minimum of 20 hours per week.

Your Physician must submit a statement stipulating that **You** are totally and continuously **Disabled** and unable to resume **Employment** because of **Your Disability**. We may thereafter require additional certification of total and continuous **Disability**.

If the same **Disability** or a related one occurs again within 21 consecutive calendar days of **Your** recovery or return to work, **Your Disability** will be treated as a continuation of the original **Disability** period. No benefits are payable during the period in which **You** worked. However, **Your** benefits will begin again without a **Waiting Period** and in the same amount as before, once **You** have provided **Us** with proof that **Your Disability** has reappeared.

Term of Disability insurance benefit

Your Disability insurance benefits begin once **Your** claim is approved, and apply retroactively to the date **Your Disability** began.

The **Disability** insurance benefits will end on the earliest of the date:

- **We** determined that **You** are no longer **Disabled**;

- **You** return to work;
- **You** are not regularly attended by a **Physician**;
- **You** have received benefits equal to the **Outstanding Balance** on **Your Account** on the last billing cycle date prior to the date of **Your Disability**; and
- **You** have received benefits equal to \$20,000.

Amount of coverage

The monthly **Disability** insurance benefit is equal to the greater of:

- \$10; and
- 3% of the **Outstanding Balance**;

up to a maximum of \$600 per month.

If a **Disability** insurance benefit is payable for a portion of the billing cycle of **Your Account**, the claim payment will be pro-rated.

The maximum amount of all monthly **Disability** insurance benefits is the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

If **You** become permanently and **Totally Disabled**, we may decide, at **Our** sole discretion, to make the monthly payments as provided in this section, or pay to Rogers Bank the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

You are responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to Rogers Bank which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

A Disability insurance benefit will not be paid if:

- **You were Disabled for less than 30 consecutive calendar days;**
- **You were Disabled for less than 60 consecutive calendar days and You are not working on a permanent full-time basis or a permanent part-time basis for a minimum of 30 hours per week or a permanent part-time basis for a minimum of 20 hours per week,**

- You became Disabled before the Effective Date;
- You become Disabled as the result of a Pre-Existing Condition;
- You are not regularly attended to by a Physician;
- You have received the Critical Illness insurance benefit under the Policy, and the Critical Illness for which You received the Critical Illness insurance benefit is the cause of Your Disability;
- You have an approved and non-terminated Involuntary Unemployment claim under the Policy on the date of Disability;
- You were age 65 or greater on the last billing cycle date of Your Account prior to the date of Your Disability;
- Your Disability results from committing or attempting to commit a criminal offence;
- Your Disability results from a mental, nervous, psychological, emotional or behavioural disorder, unless You are under the full-time care of a licensed psychiatrist;
- Your Disability results from You attempting suicide;
- Your Disability results from intentionally self-inflicted injury, whether You are sane or insane;
- Your Disability results from normal pregnancy;
- Your Disability results from drug or alcohol abuse, unless You are confined in a Hospital or participating in a rehabilitation program approved by Us, which started after the Effective Date;
- Your Disability results from the use or taking of any narcotic, barbiturate or any other drug by You, unless taken or used as prescribed by a Physician;
- Your Disability results from Your blood alcohol level being eighty (80) mg of alcohol per one hundred (100) ml of blood or higher;
- You were not eligible for coverage under the Policy when You applied; or
- the insurance is not in force on the date of Disability.

Charges to Your Account during a Disability Waiting Period will not change the amount of the Disability insurance benefit payable to Rogers Bank.

In the event that You become Disabled, Involuntarily Unemployed or experience Involuntary Loss of Self-Employment at the same time, only the larger of the benefits will be paid while the Waiting Periods overlap.

Additional Charges during Claim Period

Coverage shall be calculated based on **Your Outstanding Balance**. Additional charges made during the period for which **You** are collecting benefits for **Disability** coverage under the **Policy** does not change the benefit amount.

Re-Eligibility

When payments have been completed for a claim under this Part, **You** must resume **Employment** for a period of thirty (30) consecutive calendar days to become eligible for a further claim under this coverage.

VI. Critical Illness Insurance Coverage

Nature of Guarantee

Pays the **Outstanding Balance** or \$20,000, whichever is less.

If **Your Critical Illness** insurance claim is approved, **We** will pay the benefit to Rogers Bank to reduce the **Outstanding Balance** of **Your Account**.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage, if **You** receive a **Diagnosis of Critical Illness** after the **Effective Date** while the Rogers Bank Balance Protection Insurance is in force, and **You** are under 70 years of age.

Amount of coverage

The **Critical Illness** insurance benefit is equal to the lesser of:

- the **Outstanding Balance**; and
- \$20,000.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

You are responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to Rogers Bank which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

A Critical Illness insurance benefit will not be paid if:

- the **Diagnosis of Critical Illness** occurs in the first 60 days following the **Effective Date**; and
- **You** are not alive on the thirty-first (31st) day following the date a **Diagnosis of Critical Illness** occurs.

Exclusions for Cancer:

A Critical Illness insurance benefit will not be paid under this condition for the following cancers:

- carcinoma in situ;
- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or V invasion);
- any non-melanoma skin cancer that has not metastasized;
- Stage A (T1a or T1b) prostate cancer;
- borderline tumours and carcinoid tumours that have not metastasized; or
- cancer connected with AIDS or related HIV condition.

A Critical Illness insurance benefit will not be paid if, within ninety (90) days following the Effective Date, or the date of any reinstatement, You have any signs, symptoms or investigations that lead to a Diagnosis of Cancer within one (1) year following the Effective Date or the date of any reinstatement.

Exclusions for Heart Attack:

A Critical Illness insurance benefit will not be paid under this condition for:

- elevated biochemical cardiac markers as a result of an invasive cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition.

Exclusions for Stroke:

A Critical Illness insurance benefit will not be paid under this condition for:

- transient ischaemic attacks;
- intracerebral vascular events due to trauma; or
- lacunar infarcts which do not meet the definition of Stroke.

Charges to Your Account after the last billing cycle date and prior to the Date of Diagnosis of Critical Illness are not covered.

The Critical Illness insurance benefit is paid only once during Your lifetime. After the Critical Illness insurance benefit is paid, You still remain eligible for all other remaining benefits for unrelated conditions.

VII. Hospitalization Insurance Coverage

Nature of Guarantee

Pays retroactively up to two (2) minimum monthly payments based on **Your Outstanding Balance**, up to \$20,000.

The **Hospitalization** insurance benefit is paid once for each billing cycle period of the **Account** during which **You** are **Hospitalized**, subject to a maximum of two (2) payments per occurrence of **Hospitalization**.

If **Your Hospitalization** insurance claim is approved, we will pay the benefit to Rogers Bank to reduce the **Outstanding Balance** of **Your Account**.

Summary of Specific Features

Who is eligible for the coverage?

You are eligible for this coverage, if **You** are **Hospitalized** after the **Effective Date** while the Rogers Bank Balance Protection Insurance is in force, and **You** are under 70 years of age.

Term of Hospitalization insurance benefit

Your Hospitalization insurance benefits will end on the earliest of the date:

- the date **You** are discharged from the **Hospital**;
- the date **You** have received two (2) benefit payments per occurrence of **Hospitalization** as described below; and
- the date **You** have received benefits equal to the amount of the **Outstanding Balance**.

Amount of coverage

This benefit is payable retroactively to Rogers Bank in case of **Your Hospitalization** up to two (2) minimum monthly payments based on an **Outstanding Balance** of up to \$20,000 per month. The **Hospitalization** insurance benefit is paid once for each billing cycle period of **Your Account** during which **You** are **Hospitalized**, not to exceed a maximum of two (2) monthly **Hospitalization** insurance payments per occurrence of **Hospitalization**.

No benefit will be paid if **Your Account** has no **Outstanding Balance**.

Responsibility for payments to Rogers Bank during pendency of claim

You are responsible for payments to be made to **Your Account** until **Your** claim is approved and will remain responsible for any amounts owing to **Rogers Bank** which are not paid off by this insurance.

Exclusions, Restrictions or Reductions in Coverage

CAUTION

A Hospitalization Insurance benefit will not be paid if:

- **You are receiving Disability or Involuntary Unemployment benefits under the Policy;**
- **You are age 70 or greater on the last billing cycle date of Your Account prior to the date of Hospitalization;**
- **You have already received a Hospitalization insurance benefit payment for Your Account billing cycle period in which the Hospitalization occurs;**
- **Your Hospitalization results from a Pre-Existing Condition;**
- **Your Hospitalization was not due to accidental bodily injury or sickness;**
- **Your Hospitalization is the result of:**
 - **pregnancy, or complications thereof;**
 - **intentionally self-inflicted injury;**
 - **foreign travel or residence;**
 - **a flight on non-scheduled aircraft;**
 - **war or military service;**
- **You were not eligible for coverage under the Policy when You applied; or**
- **the insurance is not in force on the date of admittance to Hospital.**

If You are Hospitalized more than once during a billing cycle period, only one benefit will be paid.

D. The Date Your Insurance Comes Into Force

Within 30 days from the application, **You** will receive a letter confirming whether **You** are insured.

Your coverage begins on the **Effective Date**, as indicated in the Schedule of Insurance on **Your Certificate of Insurance**.

E. Term of Your Insurance Coverage

Your insurance coverage is provided to **You** for an indeterminate term, up to its cancellation or termination.

F. How to Cancel Your Insurance

You can cancel **Your** insurance at any time by notifying **Us** verbally by calling:

1-866-249-0515

Or **You** may also notify **Us** in writing at the following address:

Canadian Premier Life Insurance Company
PO Box 914, Station A
Toronto, Ontario
M5W 1G5

Please see the Appendices for additional information on how to cancel **Your** Insurance.

If **You** cancel **Your** insurance within 30 days of receiving the **Certificate of Insurance**, **You** will receive a full refund of any premium **You** have paid and **Your** insurance coverage will be deemed never to have been in force.

If **You** cancel **Your** insurance more than 30 days after receiving the **Certificate of Insurance**, the termination of the insurance will be effective on **Your Account** as of the next billing cycle date and no further premiums will be collected by **Us**.

G. The End of Your Insurance

All of **Your** coverage under Rogers Bank Balance Protection Insurance ends on the earliest of:

- the date **You** are more than ninety (90) days delinquent in making any required payments, including the insurance premium, to the **Creditor** (In Quebec, fifteen (15) days prior notice in writing will be provided to **You** where a premium is in default, prior to cancellation of the **Certificate of Insurance**;
- the date of termination or cancellation of the **Policy**, on thirty (30) days notice to **You** by First Class mail to **Your** last known address;
- the next billing cycle date of **Your Account** after **We** receive **Your** written or verbal notification to cancel the insurance (see the section above for the cancellation procedure);
- the date that **Your Account** privileges are revoked by Rogers Bank;
- the date that **Your Account** is closed and **Your Account** is removed from the records of the card issuer due to **Account** inactivity as described in **Your Card Holder Agreement**; and
- the date of **Your** death.

Your Involuntary Unemployment, Involuntary Loss of Self-Employment and Disability insurance coverage ends on earliest of:

- the date **Your** Rogers Bank Balance Protection Insurance ends; and
- the next billing cycle date following **Your** 65th birthday.

Your life, **Critical Illness** and **Hospitalization** insurance coverage ends on the earliest of:

- the date **Your** Rogers Bank Balance Protection Insurance ends; and
- the next billing cycle date following **Your** 70th birthday.

Accidental Death insurance coverage for **You** continues until this **Policy** is terminated.

H. Other Information

I. Calculation and Payment of Monthly Premium

During the term of the Rogers Bank Balance Protection Insurance, the insurance premium is payable monthly. The monthly insurance premium charged is based on the **Outstanding Balance** owing to Rogers Bank on **Your Account** on the last billing cycle date, divided by 100, and multiplied by the premium rate indicated in the Schedule of Insurance on **Your Certificate of Insurance**. The premium rate provided in the Schedule of Insurance may be modified by **Us** from time to time.

EXAMPLE

If **You** have an **Outstanding Balance** of \$500 on **Your Account** and the premium rate is \$0.99 per \$100, the monthly premium insurance charged on **Your Account** will be \$4.95 ($\$500 / 100 \times \0.99).

Applicable taxes are added.

The premium will be charged directly to **Your Account** on **Your** monthly billing cycle date.

II. Insurance Beneficiaries

All insurance benefits are paid to Rogers Bank to reduce or pay off **Your Account's Outstanding Balance**. **You** cannot choose a beneficiary.

No benefit will be paid if **You** do not have any **Outstanding Balance**.

III. Changes to Your Insurance Coverage

We and Rogers Bank can elect to change **Your** insurance coverage. This may include having the **Policy** provided by a different insurance company. If such a change takes place, **Your** original application for Rogers Bank Balance Protection Insurance will continue to apply for **Your** insurance coverage, both before and after any changes. **We** or Rogers Bank will notify **You** about a change to **Your** insurance coverage at **Your** last known address.

IV. Currency

All benefits and premiums are payable in Canadian dollars.

V. Misrepresentation and Fraud

If **You** give **Us** false or incomplete information and **We** use this information to approve **Your** insurance coverage or changes to **Your** insurance coverage, **Your** insurance coverage will be voided from the date **You** provided that information.

In addition, if **You** have misstated **Your** age and **Your** true age would have rendered **You** ineligible for Rogers Bank Balance Protection Insurance, **Our** liability will be limited to a refund of premiums paid and **Your** insurance will be voided as if it never existed.

We reserve the right to have **You** medically examined, at our own expense, as often as may be reasonably required to verify any information **You** provided **Us**, including **Your** age.

VI. Mistaken Payments

If we discover or determine, in **Our** sole discretion, that **We** have paid one or more insurance benefit(s) to Rogers Bank to reduce or pay off **Your Account's Outstanding Balance** under circumstances where **You** were not entitled to such benefits under the terms of the **Policy** or they were paid in error, Rogers Bank will refund **Us** an amount equal to such payments and add such amount back to **Your Account's Outstanding Balance** owing to Rogers Bank.

VII. Assignment

You may not assign **Your** interest in this credit insurance plan or in the **Certificate of Insurance**. In case of an assignment without **Our** consent, **We** will assume no liability under this credit insurance plan.

VIII. Your Privacy

We recognize and respect the importance of privacy. When **You** apply for coverage, **We** establish a confidential file that contains **Your** personal information. This file is kept in **Our** offices or the offices of an organization authorized by **Us**. **You** may exercise certain rights of access and rectification with respect to the personal information in **Your** file by sending **Us** a request in writing. **We** may use service providers located within or outside Canada. **We** limit access to personal information in **Your** file to **Our** own or Rogers Bank staff or persons authorized by **Us** who require it to perform their duties, to persons to whom **You** have granted access, and to persons authorized by law. **Your** personal information may be subject to disclosure to those authorized under applicable law or Court orders, within or outside Canada. **We** collect, use and disclose the personal information to administer the financial product(s) applied for, including investigating and assessing claims, and creating and maintaining records concerning **Our** relationship.

IX. Your General Inquiries and Our Contact Information

This **Distribution Guide** explains the rights and types of coverage provided under the Rogers Bank Balance Protection Insurance Plan underwritten by Canadian Premier Life Insurance Company.

For any additional information, **You** may contact Canadian Premier Life Insurance Company.

Telephone number:

1-866-249-0515

Mailing address:

Canadian Premier Life Insurance
PO Box 914, Station A
Toronto, Ontario M5W 1G5

Proof of Claim

A. Submission of a Claim

I. Notification and Claim Form

You must provide **Us** with notice of **Your** claim by contacting the customer service office at:

1-866-249-0515

You must provide **Us** with **Your** notice and proof of a claim within the later of 90 days

- of the date of death;
- of the **Diagnosis of Critical Illness**;
- following the applicable **Waiting Period**; or
- of the date of **Hospital** admission;

or within the shortest applicable time limit established by law in the province in which **You** reside.

Please be aware that if **You** delay or fail to report the loss within the period of time indicated above, **Your** claim may be **invalidated** if the delay or failure to report has prevented **Us** from confirming the validity of **Your** claim.

Once **You** have notified **Us**, **We** will send **You** a claim form within 15 days. Please complete the claim form, and return it to **Us** at:

Canadian Premier Life Insurance
PO Box 914, Station A
Toronto, Ontario M5W 1G5

II. Additional Documentation

Please note that **We** may request additional documentation in order to assess **Your** claim. In addition, **We** may request that **You** provide **Us** with proof of **Your** continuing **Disability** and/or **Involuntary Unemployment** by submitting a continuing claim form or other document(s).

III. Medical Examinations

We reserve the right, to have **You** examined at **Our** own expense, when and as often as **We** may reasonably require for the purposes of claims investigation, administration and adjudication.

B. Insurer's Reply

We will have 30 business days following receipt of all documents needed to process **Your** claim to:

- pay the benefit provided for in the **Policy**; or

- refuse the claim in writing and provide the reasons to justify **Our** decision.

C. Appeal of Insurer's Decision and Recourses

You can contest the reply of the Insurer by contacting them. **You** will find the Insurer's contact information on the first page of this guide.

If **You** want to contest or have **Our** response reviewed, **You** must explain **Your** point of view in writing or provide new documents that might warrant an amendment of **Our** response. In the event that **We** refuse **Your** claim, **You** may consult the Autorité des marchés financiers or **Your** own legal counsel.

No legal action may be brought against **Us**, unless it is brought within three (3) years from the date on which **You** are notified in writing that no benefits are payable.

Similar Products

There are other insurance products on the market that may offer coverage similar to that offered by this insurance and check to ensure **You** do not already have such insurance. However, the credit insurance plan described in this **Distribution Guide** is a product that is offered exclusively to Rogers Bank **Account** holders.

Referral to the Autorité des marchés financiers

For additional information regarding the obligations of Rogers Bank and Canadian Premier Life Insurance Company towards **You**, **You** may contact the Autorité des marchés financiers:

Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640 Laurier boulevard, Suite 400
Québec City (Québec) G1V 5C1

Montréal: 514-395-0337

Québec City: 418-525-0337

Elsewhere in Québec: 1-877-525-0337

Fax: 418-525-9512

<http://www.lautorite.qc.ca>

Appendices

NOTICE OF CANCELLATION OF AN INSURANCE

CONTRACT NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of An Act respecting the distribution of financial products and services.

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

- The Act allows **You** to cancel an insurance contract you have just signed when signing another contract, **without penalty, within 10 days of its signature**. However, the insurer allows **You** to cancel the contract without penalty within 30 days of its signature. To do so, **You** must give the insurer notice verbally or by registered mail within that delay. **You** may use the attached model for this purpose.
- Despite the cancellation 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 expiry of the 30-day delay, **You** may cancel the insurance at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337 or visit our website, www.lautorite.qc.ca.

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To: _____
(Name of insurer)

To: _____
(Address of insurer)

Date: _____
(Date notice sent)

Pursuant to Section 441 of An Act respecting the distribution of financial products and services, I hereby cancel insurance contract no.:

(Contract number if provided)

Entered into on: _____
(Date contract signed)

In: _____
(City contract signed)

(Name of client)

(Signature of client)

The distributor must first complete this section.
This document must be sent by registered mail.

Provisions of Act respecting the distribution of financial products and services

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.