

Protection for Your Credit Card Balance

Balance Protection Select Creditor's Group Insurance: Comprehensive

(Life, Accidental Dismemberment, Critical Illness, Disability, Hospitalization, Involuntary Loss of Employment and Loss of Self-Employment)

Product Guide and Certificate of Insurance



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This Product Guide and Certificate of Insurance (together, the "Product Guide") describes the optional insurance coverage for which you have enrolled and acts as your certificate of insurance. Please read it together with a copy of your completed Benefit Summary.

This Product Guide contains important information about your insurance, including terms and conditions which may exclude, restrict or limit your coverage or benefits. This Product Guide includes information on all insurance coverage available under the Group Policy.

A summary of the principal provisions of the Group Policy is outlined in the following pages. If there is any conflict between the terms and conditions of the Product Guide and those described in the Group Policy, the terms and conditions of the Group Policy shall govern.

In this Product Guide, certain words and phrases have specific meanings. These terms are explained under the heading "Definitions" and in other places throughout this document.

For the purpose of this Product Guide, the terms "you" and "your" reference each individual and their Spouse:

- a) who is eligible for insurance under the Group Policy, meaning a natural person (or persons) who has (or have) obtained a credit card with the Group Policyholder:
 - i) for which they are liable and have a legal obligation to repay, either in whole or in part, as a Primary Cardholder; or
 - ii) in the case of a Business, have a legal obligation to repay the Outstanding Balance of the Insured Credit Card to the Group Policyholder either as a Business owner, key person, or any person associated with the Business who is obligated to the debt;
- b) who has elected to Enrol for insurance under the Group Policy;
- c) for whom we have received the Premium; and
- d) to whom we have issued a Product Guide.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

The terms "we", "us", "our" and "Co-operators Life" refer to the Co-operators Life Insurance Company.

You may, at any time, request a copy of the Group Policy and any amendments made to it by contacting the Group Policyholder.

Please read this carefully and keep it in a safe place. You may need to refer to it later if you have questions about your insurance or if you need to make a claim.

Questions

About Your Insurance

If you have any questions about your insurance, please contact the Group Policyholder Contact shown on the Benefit Summary.

About Your Credit Card

If you have any questions about your credit card, please contact the Group Policyholder Contact shown on your Benefit Summary.

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Introduction

The Group Policy

Co-operators Life Insurance Company has issued a creditor's group insurance policy to the Group Policyholder specified on the Benefit Summary. The Group Policy provides creditor's group insurance, as described in this Product Guide, to eligible credit cardholders of the Group Policyholder who Enrol and pay the required Premium.

The Group Policy and this Product Guide are non-participating. This means your insurance coverage has no cash value and pays no dividends.

Your Certificate Of Insurance

You are receiving this because you chose to Enrol for optional insurance available to you under the Group Policy. It acts as your Certificate of Insurance and, along with your Welcome Package, is proof of your coverage under the Group Policy.

The terms and conditions of your insurance are found in:

- the Benefit Summary;
- this Product Guide; and
- the Group Policy and any amendments.

All rights and obligations under the Group Policy will be governed by the laws of Canada and the provincial jurisdiction in which you reside at time of Enrolment.

You have the right to examine and obtain a copy of the Group Policy and certain other written statements or records you have submitted to us (if any), subject to certain access limitations.

The Importance Of Balance Protection Select Creditor's Group Insurance: Comprehensive

The Balance Protection Select Creditor's Group Insurance: Comprehensive underwritten by Co-operators Life is an optional insurance product which offers security during times of financial hardship caused by certain life events.

If your insurance Premium payments are up to date and the information you provided upon Enrolment is complete and accurate, insurance benefits will be payable, subject to the applicable terms, conditions and exclusions, as set out in this Product Guide.

Insurance Coverage Bundles

Subject to eligibility, you can choose from two different coverage bundles. The one you have selected is: **Comprehensive Protection** which includes Life, Critical Illness, Accidental Dismemberment, Disability, Hospitalization, Involuntary Loss of Employment and Loss of Self-Employment.

At age 70 for the Primary cardholder, Comprehensive Protection converts to: **Basic Protection** which includes Life, Critical Illness and Accidental Dismemberment benefits.

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As the Primary Cardholder, you are eligible to Enrol for the Comprehensive Protection Bundle insurance on your Insured Credit Card if, on the date of your Enrolment, you (Primary Cardholder) are working at your principal occupation for wages or profit and are capable of carrying out its substantial and material duties continuously for at least 20 hours per week for 3 consecutive months. If your principal occupation stems from self-employment, then your business must have been active (registered or incorporated) for a period of at least 36 consecutive months.

Insurance Benefits At A Glance

- **Life insurance:** Pays off or reduces the Outstanding Balance on your Insured Credit Card if you die.
- **Accidental Dismemberment insurance:** Pays off or reduces the Outstanding Balance if you suffer Accidental Dismemberment.
- **Critical Illness insurance:** Pays off or reduces the Outstanding Balance if you are Diagnosed with a covered Critical Illness.
- **Hospitalization insurance:** Pays off or reduces the Outstanding Balance on your Insured Credit Card if you are hospitalized.
- **Disability insurance:** Pays off or reduces the Outstanding Balance each month if you become Totally Disabled.
- **Involuntary Loss of Employment insurance (Primary Cardholder only):** Pays off or reduces the Outstanding Balance each month if you experience an Involuntary Loss of Employment or disruption in Employment due to a Strike, Labour Dispute or Lockout.
- **Loss of Self-Employment insurance (Primary Cardholder only):** Pays off or reduces the Outstanding Balance each month if you experience Loss of Self-Employment due to the forced closure of your Business for financial reasons.

Payment Of Insurance Benefits

If payable, insurance benefits will be paid to the Group Policyholder. The Group Policyholder for your Insured Credit Card will apply the benefits towards the Outstanding Balance of your Insured Credit Card or otherwise to your credit.

Eligibility Requirements - All Insurance

NOTE: You must meet the eligibility requirements explained below. If you do not, you will not have any insurance coverage under this Product Guide.

As the Primary Cardholder, you are eligible to Enrol for Life, Accidental Dismemberment, Critical Illness, Disability, Hospitalization, Involuntary Loss of Employment, and Loss of Self-Employment insurance on your Insured Credit Card if, on the date of your Enrolment:

- you (Primary Cardholder) meet the actively at work eligibility requirement as described in the "Insurance Coverage Bundle" section if you choose the Comprehensive Protection Bundle;
- you are a Canadian resident and living in Canada at least six months of the year;
- you have a legal obligation to repay your indebtedness as a Primary Cardholder;

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- you have a legal obligation to repay your indebtedness to the Group Policyholder either as a Business owner, key person, or any person associated with the Business who is obligated to the debt;
- your age is within the Minimum / Maximum Eligibility Age for insurance as shown on the Benefit Summary; and
- you have not made a claim for a living benefit, an Accidental Dismemberment, or a Critical Illness under any creditor's group insurance policy or certificate of insurance issued by us.

Your Spouse will also be covered for all insurance except Involuntary Loss of Employment insurance and Loss of Self-Employment insurance, only if they meet the eligibility requirements stated above.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

When Does Your Insurance Coverage Begin?

If you meet the eligibility requirements to Enrol as described above, your Effective Date of Insurance begins on the day you Enrol for Balance Protection Select Creditor's Group Insurance: Comprehensive.

The collection of insurance Premium in error, does not make insurance effective if you are not otherwise eligible or insurable for coverage.

When Does Your Insurance Coverage End?

All insurance coverage, that is, Life, Accidental Dismemberment, Critical Illness, Disability, Hospitalization, Involuntary Loss of Employment, and Loss of Self-Employment insurance, for which the Primary Cardholder has enrolled, will end on the earlier of the following:

- a) the date you reach your Protection Bundle's Coverage Termination Age / Expiry of Insurance as shown on the Benefit Summary;
- b) the date the Group Policyholder receives your request for cancellation of the insurance provided in this Product Guide in writing, by phone or online when applicable;
- c) the date your Cardholder Agreement with the Group Policyholder is terminated;
- d) the date you are released, by operation of law, from your legal obligation to repay your Insured Credit Card (whether upon discharge from bankruptcy or otherwise);
- e) the date upon which your required Insured Credit Card payments have been delinquent for 90 consecutive days;
- f) the date the Group Policy is terminated in accordance with its terms;
- g) the date of the Primary Cardholder's death; or
- h) the date we pay a Life insurance benefit, a living benefit, an Accidental Dismemberment benefit, or a Critical Illness benefit.

Insurance for the Primary Cardholder's Spouse will end on the earlier of the following:

- a) the date the Primary Cardholder ceases to be insured;
- b) the date the Spouse no longer meets the definition of a Spouse;

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- c) the date the Spouse reaches the Coverage Termination Age / Expiry of Insurance as shown on the Benefit Summary;
- d) the date of the Spouse's death; or
- e) the date we pay a Life insurance benefit, a living benefit, an Accidental Dismemberment benefit, or a Critical Illness benefit.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

Limitations On Insurance Benefits

For all insurance, there are limits on the total amount of insurance you can obtain and how long your insurance will remain in force and there are maximum limits on the amount of insurance benefits we pay. These are explained below and the maximum limits can be found on the Benefit Summary.

Maximum Benefit Payable means the maximum limit on the amount of Life, Accidental Dismemberment and Critical Illness insurance coverage we will issue and pay benefits for any Insured Credit Card as shown on the Benefit Summary.

Maximum Benefit Payable Per Occurrence means the maximum limit per claim on the total amount of Disability, Involuntary Loss of Employment, Loss of Self-Employment, or Hospitalization insurance benefits we will pay for any Insured Credit Card, as shown on the Benefit Summary.

Monthly Benefit Payable means the monthly amount of Disability, Involuntary Loss of Employment, or Loss of Self-Employment insurance benefits we will pay for any Insured Credit Card, as shown on the Benefit Summary.

Once your insurance coverage has expired, we will not pay any benefits after that time.

Pre- Existing Condition Exclusion

NOTE: We will not pay any insurance benefits or refund your monthly Premium if your Life, Living Benefit, Critical Illness, Total Disability, or Hospitalization claim results directly or indirectly from, or is in any way related to, a Pre-Existing Condition.

A **Pre-Existing Condition** is any illness, disease, bodily injury, condition or symptom (regardless of whether or not a Diagnosis has been made) for which you sought or received, or a prudent person would have sought or received, Medical Advice or Treatment within the specified Pre-Existing Condition Exclusion Period (in months) as shown on the Benefit Summary, immediately preceding the Effective Date of Insurance.

For this definition of Pre-Existing Condition:

- **Medical Advice or Treatment** means consultation with any Licensed Physician or registered Health Care Practitioner. This includes, but is not limited to, medical or paramedical treatment and investigative tests, taking pills or any prescription medication, or receiving injections, for any condition related to the illness, disease or bodily injury for which you have made a claim.
- **Health Care Practitioner** means a person at arm's length to you who is lawfully entitled to provide insured health services, as defined under the Canada Health Act.

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Pre- Existing Condition Exclusion Period

The Pre-Existing Condition exclusion applies during the Pre-Existing Condition Exclusion Period shown on the Benefit Summary. We would pay insurance benefits if, after the Pre-Existing Condition Exclusion Period expired, your Life, Living Benefit, Critical Illness, Total Disability, or Hospitalization claim was related to a Pre-Existing Condition.

How Does The Pre- Existing Condition Exclusion Work?

If you had symptoms or were treated for a medical condition within a specified period of time before your insurance coverage began, we will not pay any insurance benefits if your Life, living benefit, Critical Illness, Total Disability, or Hospitalization claim occurs within a specified period of time after your insurance coverage began. These specified periods of time are shown together on the Benefit Summary (in months) as the Pre-Existing Condition Exclusion Period.

For example:

Your Pre-Existing Condition Exclusion Period shown on the Benefit Summary (in months) is "6 months prior to insurance and 6 months of insurance in effect". You had symptoms and were treated for a heart condition five months before your coverage began. If your Life, living benefit, Critical Illness, Total Disability, or Hospitalization claim occurred as a result of your heart condition, and your coverage had been in effect for less than six full months, we would not pay insurance benefits.

However, as long as you met all eligibility requirements for Enrolment on the Effective Date of Insurance, we would pay insurance benefits if your Life, Living Benefit, Critical Illness, Total Disability, or Hospitalization claim occurred as a result of your heart condition, any time after your coverage has been in effect for six full months.

If your claim for Disability or Critical Illness insurance benefits was denied due to a Pre-Existing Condition, your insurance would remain in effect and continue.

Life Insurance

(Primary Cardholder and Spouse)

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

What Is The Life Insurance Benefit?

If you have enrolled for insurance coverage and you meet the terms and conditions of this Product Guide, when you die, we will pay a Life insurance benefit, which will be equal to the Outstanding Balance on your Insured Credit Card on the date of your death. This includes any In-Transit Retail Sales and Cash Advances incurred prior to death.

We will also pay Accrued Interest on the applicable amount as calculated above, as well as Settlement Interest.

Life insurance benefits payable will not exceed the lesser of:

- the Outstanding Balance on your Insured Credit Card at date of death; or
- the Maximum Benefit Payable shown on the Benefit Summary.

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This Life insurance benefit is subject to the limitations and exclusions described in this Product Guide.

NOTE: If you die and we pay a Life insurance benefit under this Product Guide, all insurance under this Product Guide will be terminated.

What Is A Living Benefit?

If you have enrolled for insurance coverage, then you are eligible for the living benefit.

If you are Diagnosed with a terminal illness (your life expectancy from that terminal illness is 12 months or less) as determined by a Licensed Physician we consider appropriate to make such a Diagnosis, you are eligible to make a living benefit claim.

NOTE: A living benefit claim must be made prior to death occurring.

We will pay an insurance benefit equal to the Outstanding Balance of your Insured Credit Card as of the date of your Diagnosis of your terminal illness. This includes any In-Transit Retail Sales and Cash Advances incurred prior to the Date of Diagnosis.

We will also pay Accrued Interest on the applicable amount as calculated above, as well as Settlement Interest.

The amount of insurance payable for a living benefit will not exceed the lesser of:

- the Outstanding Balance on your Insured Credit Card as of the Date of Diagnosis; or
- the Maximum Benefit Payable shown on the Benefit Summary.

This living benefit is subject to the limitations and exclusions described in this Product Guide.

EXCLUSIONS: When Your Life Insurance Benefit Will Not Be Paid

The Life insurance benefit or living benefit is not payable if your cause of loss results directly or indirectly from or is in any way related to:

- any Pre-Existing Condition;
- you committing Suicide within six months after the Effective Date of Insurance (applicable to Life insurance benefit only);
- you committing or attempting to commit a criminal offence;
- you using or ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;
- your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction; or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

Accidental Dismemberment Insurance

(Primary Cardholder and Spouse)

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

What Is The Accidental Dismemberment Insurance Benefit?

If you have enrolled for insurance coverage and you meet the terms and conditions of this Product Guide, and if you suffer Accidental Dismemberment within 90 days of the date of an accidental bodily injury causing loss, we will pay an insurance benefit equal to the Outstanding Balance on your Insured Credit Card on the date of your Accidental Dismemberment. This includes any In-Transit Retail Sales and Cash Advances incurred prior to the date of Accident.

We will also pay Accrued Interest on the Outstanding Balance of your Insured Credit Card as well as Settlement Interest.

NOTE: If you suffer Accidental Dismemberment and we pay an Accidental Dismemberment insurance benefit under this Product Guide, all insurance under this Product Guide will be terminated.

What Is Accidental Dismemberment?

Accidental Dismemberment means the loss of one hand or both hands if completely severed through or above the wrist, the loss of one foot or both feet if completely severed through or above the ankle, or the entire and irrevocable loss of sight of both eyes.

Accidental Dismemberment insurance benefits payable will not exceed the lesser of:

- the Outstanding Balance on your Insured Credit Card as of the date of Accidental Dismemberment; or
- the Maximum Benefit Payable shown on the Benefit Summary.

The accidental dismemberment insurance benefit is subject to the limitations and exclusions described in this Product Guide.

EXCLUSIONS: When Your Accidental Dismemberment Insurance Benefit Will Not Be Paid

We will not pay an accidental dismemberment insurance benefit for a loss caused by or contributed to by:

- any attempted Suicide or self-destruction, regardless of your state of mind and whether you are aware or not of the result of your actions; or
- any intentionally self-inflicted injury, regardless of your state of mind and whether you are aware or not of the result of your actions; or
- the commission of or the attempted commission of a criminal offence; or
- disease or bacterial infection; or
- war or any act of war; or

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- medical or surgical treatment; or
- the operation of a motor vehicle under the influence of alcohol or drugs;
- the use of narcotics or other drugs not prescribed by a Licensed Physician or surgeon; or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

Critical Illness Insurance

(Primary Cardholder and Spouse)

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

What Is The Critical Illness Insurance Benefit?

If you have enrolled for insurance coverage and you meet the terms and conditions of this Product Guide, we will pay an insurance benefit, as of the date of your Diagnosis with a Critical Illness as confirmed by appropriate results. The Critical Illness benefit will be equal to the Outstanding Balance of your Insured Credit Card, as of the date of your Diagnosis. This includes any In-Transit Retail Sales and Cash Advances incurred prior to the Date of Diagnosis.

We will also pay Accrued Interest on the applicable amount as calculated above, as well as Settlement Interest.

NOTE: If you are Diagnosed with a Critical Illness and we pay a Critical Illness insurance benefit under this Product Guide, all insurance under this Product Guide will be terminated.

To be eligible for a Critical Illness insurance benefit, your Diagnosis of Heart Attack, Stroke or Cancer must be made after the Effective Date of Insurance and before your insurance ends.

Critical Illness insurance benefits payable will not exceed the lesser of:

- the Outstanding Balance on your Insured Credit Card as of the Date of Diagnosis; or
- the Maximum Benefit Payable shown on the Benefit Summary.

This Critical Illness insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is A Critical Illness?

Critical Illnesses are Heart Attack, Stroke and Cancer, which are defined below.

Heart Attack (acute myocardial infarction) means the definite Diagnosis of death of heart muscle, due to obstruction of blood flow, that results in a rise and fall of cardiac biomarker to levels considered diagnostic of acute myocardial infarction, with at least one (1) of the following:

- Heart Attack symptoms;
- new electrocardiogram (ECG) changes consistent with a Heart Attack; or

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- development of new pathological Q waves on ECG following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and/or angioplasty.

The Diagnosis of Heart Attack (acute myocardial infarction) must be made by a Specialist.

Heart Attack Exclusions:

Heart Attack does not include, and we will not pay a Critical Illness insurance benefit for, any of the following:

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

Stroke (cerebrovascular accident resulting in persistent neurological deficits) is defined as a definite Diagnosis of an acute cerebrovascular event caused by intracranial thrombosis, hemorrhage, 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 purpose of this Product Guide, 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. Headache or fatigue will not be considered a neurological deficit.

The Diagnosis of a Stroke must be made by a Specialist.

Stroke Exclusions:

Stroke does not include, and we will not pay a Critical Illness insurance benefit for, any of the following medical conditions:

- a) Transient Ischaemic Attacks (TIA);*
- b) intracerebral vascular events due to trauma;*
- c) ischaemic disorders of the vestibular system;*
- d) death of tissue of the optic nerve or retina without total loss of vision of that eye; or,*
- e) lacunar infarcts which do not meet the definition of stroke as described above.*

Cancer means the definite Diagnosis of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer includes: carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

For the purpose of this Product Guide:

- 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;

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- the term gastrointestinal stromal tumours (GIST) classified as AJCC Stage 1 means:
 - i) gastric and omental GIST that are less than or equal to 10 cm in greatest dimension with five or fewer mitoses per 5 mm², or 50 per HPF; or
 - ii) 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 mm², 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, 8th 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.

The Diagnosis of Cancer must be made by a Specialist.

Cancer Exclusions:

Cancer does not include, and we will not pay a Critical Illness insurance benefit for, any of the following medical conditions:

- a) 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;*
- b) 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;*
- c) any non-melanoma skin cancer, without lymph node or distant metastasis. This includes but is not limited to, cutaneous T cell lymphoma, basal cell carcinoma, squamous cell carcinoma or Merkel cell carcinoma;*
- d) prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;*
- e) 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;*
- f) 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;*
- g) gastro-intestinal stromal tumours classified as AJCC Stage 1;*
- h) 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*
- i) thymomas (stage 1) confined to the thymus, without evidence of invasion into the capsule or spread beyond the thymus.*

EXCLUSIONS: When Your Critical Illness Insurance Benefit Will Not Be Paid

The Critical Illness insurance benefit will not be payable if your medical condition is a result of:

- any Pre-Existing Condition;
- your Diagnosis:
 - a) not fully meeting the requirements for the definitions of Heart Attack, Stroke or Cancer, described above; or

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- b) is specifically listed under the headings: Heart Attack Exclusions, Stroke Exclusions or Cancer Exclusions, described above;
- your medical condition results directly or indirectly from you self-inflicting an injury or attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions;
- you committing or attempting to commit a criminal offence;
- you using or ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;
- your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction; or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

Disability Insurance

(Applies to Comprehensive Protection Bundle Only)

(Primary Cardholder and Spouse)

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

What Is The Disability Insurance Benefit?

If you have enrolled for insurance coverage and you meet the terms and conditions of this Product Guide, when you become Totally Disabled and your Total Disability insurance claim is approved, we will pay a monthly Disability insurance benefit as described on the Benefit Summary. The monthly Disability insurance benefit is based on the Account Balance on your last issued account statement for your Insured Credit Card prior to and including the date of your Total Disability.

The monthly amount of Disability insurance benefits payable will be equal to the Monthly Benefit Payable shown on the Benefit Summary.

The maximum amount of Disability insurance benefits per occurrence will be equal to the lesser of:

- the Balance owing on your last issued account statement for your Insured Credit Card prior to and including the date of Total Disability; and
- the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

NOTE: If we approve your claim for Disability insurance benefits, the monthly Disability insurance benefit amount will be calculated and will remain the same for the duration of the claim period.

We will make the claim payment directly to the Group Policyholder who will then credit the payment to your Insured Credit Card account.

If you add to or pay down the Outstanding Balance of your Insured Credit Card after the date of your Total Disability, the monthly benefit amount we pay will not change.

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You are responsible to make up any deficiency between your monthly Insured Credit Card payment amount and the Disability insurance benefit.

This Disability insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is A Disability?

A **Disability** is a medical impairment due to injury or illness which prevents you from performing the regular duties of your Principal Occupation.

To qualify for Disability insurance benefits and to continue to receive these benefits, you must:

- be considered Actively at Work;
- be receiving Appropriate Medical Care, by a Licensed Physician we consider appropriate, for a medically determined sickness, disease, bodily injury, or donation of an organ or tissue;
- not be engaged in any activity for wages or expectation of profit, however, at our sole discretion and judgement, we may continue to pay Disability insurance benefits while you engage in a gradual Return to Work program or rehabilitative Employment we consider appropriate; and
- provide initial satisfactory proof of your Total Disability insurance claim and ongoing proof when requested.

Actively at Work for Disability insurance means you were working at your Principal Occupation for wages or profit and were capable of carrying out the substantial and material duties of that occupation for at least 20 hours per week for two consecutive weeks at any time between the Effective Date of Insurance and the date of Total Disability.

At any time during the process of claiming or paying Disability insurance benefits, we may require you to be assessed as we consider appropriate.

Terms Specific To Disability Insurance And What They Mean:

Elimination Period

The Elimination Period is like a waiting period and is counted as a consecutive number of days between the beginning of your Total Disability and the time you are eligible for benefits. The Elimination Period for Disability benefits is retroactive. You must become Totally Disabled and remain Totally Disabled throughout the Elimination Period which is shown on the Benefit Summary, before you are eligible for benefits.

We will start paying insurance benefits as of the expiry of the Elimination Period.

A retroactive Elimination Period means we will pay insurance benefits retroactively to the start of your Total Disability.

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Totally Disabled and Total Disability

If you are Employed, Self-Employed, or a Seasonal Employee as of the date you became Totally Disabled, then Totally Disabled and Total Disability mean:

- a) you are not able to perform the substantial and material duties of your Principal Occupation; and
- b) you are receiving Appropriate Medical Care.

If you are unemployed, not working, retired, or receiving provincial, federal or any other benefits at the time you became Totally Disabled, then Totally Disabled and Total Disability mean:

- a) the definite diagnosis of your total inability, due to disease or injury, to perform independently;
 - i) with or without the aid of assistive devices;
 - ii) at least 3 of 6 Activities of Daily Living; and
 - iii) the diagnosis must be made by a Physician supported by an independent home care assessment made by an occupation therapist or equivalent
- b) you are receiving Appropriate Medical Care.

Activities of Daily Living means the ability to perform all the basic needs of: eating, bathing, dressing, toileting, transferring and continence. The Activities of Daily Living are defined as follows:

- **bathing:** washing oneself in a bathtub, shower or by sponge bath;
- **dressing:** putting on and removing necessary clothing, braces, artificial limbs or other surgical appliances;
- **toileting:** getting on and off the toilet and maintaining personal hygiene;
- **bladder and bowel continence:** managing your bladder and bowel function with or without protective undergarments or surgical appliances so that hygiene is maintained;
- **transferring:** moving in and out of a bed, chair or wheelchair; and
- **feeding:** consuming food or drink that already have been prepared and made available.

Recurring Disabilities

A Recurring Disability means if your Total Disability recurs within 21 days after you recover from the same or a related Total Disability, we will consider this to be a continuation of your previous Total Disability. If this happens, the Elimination Period shown on the Benefit Summary will not apply to your claim for recurrence.

The monthly Disability insurance benefit will be calculated and paid based on the prior Total Disability. The total Disability insurance benefits for a recurrent Total Disability shall not exceed the maximum amount that would have been paid in respect of the prior Total Disability.

Concurrent Disabilities

A Concurrent Total Disability means you sustain a second Total Disability while you are already receiving Disability benefits for an unrelated condition.

If this happens, a new Total Disability insurance claim can be submitted subject to the following:

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- the medical condition causing the Concurrent Total Disability must be unrelated, (directly or indirectly) to the initial Total Disability; and
- if your Concurrent Total Disability insurance claim is approved and you are still Totally Disabled by it, we will begin payment of benefits on this new claim immediately after your initial Total Disability has ended.

When Do Disability Insurance Benefits Begin?

Once we have approved your claim, we will start paying Disability insurance benefits as of the expiry of the Elimination Period.

Your monthly Disability insurance benefit will be calculated as stated above under the heading "What Is The Disability Insurance Benefit"? The total amount of Disability benefits paid will not exceed the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

You are responsible for making your regular Insured Credit Card payments during the Elimination Period and while your claim is under review.

EXCLUSIONS: When Your Disability Insurance Benefit Will Not Be Paid

The Disability insurance benefit will not be payable if:

- your Total Disability is related to any Pre-Existing Condition;
- your Total Disability began prior to the Effective Date of Insurance;
- your Total Disability results from your normal pregnancy (that is, your pregnancy is not Diagnosed as high risk by a Licensed Physician we consider appropriate);
- your Total Disability began when you were confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution;
- your Total Disability began after your insurance coverage ended;
- your age is equal to or greater than the Coverage Termination Age / Expiry of Insurance stated on the Benefit Summary as of the date of your Total Disability;
- your Total Disability is related to you attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions;
- your Total Disability is related to you committing or attempting to commit a criminal offence;
- your Total Disability is related to you using, ingesting or enrolled in a rehabilitation program for ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;
- your Total Disability is related to your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction;
- your Total Disability is related to an elective surgery;
- you or your spouse are receiving Involuntary Loss of Employment or Loss of Self-Employment insurance benefits from Co-operators Life under this Product Guide; or

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- you or your estate representative do not provide us with notice and proof of your claim within the time limits specified in this Product Guide.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

When Do Disability Insurance Benefits End?

Disability insurance benefits will be paid until the earliest of the following:

- the date you are no longer Totally Disabled;
- the date that we have paid the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary;
- the date the Outstanding Balance of your Insured Credit Card as of the date of your Total Disability has been paid;
- the date you become confined, as a result of criminal proceedings against you, to a penal institution government detention facility, hospital or similar institution;
- the date you participate in any Business or occupation for wages or profit;
- you are no longer under the active care of a Physician;
- you refuse to submit to a medical exam by a Physician selected by us;
- the date you fail to provide satisfactory proof of continuing Total Disability;
- the date your insurance ends, as described under the heading "When Does Your Insurance Coverage End?";
- the date you begin receiving Involuntary Loss of Employment or Loss of Self-Employment insurance benefits from Co-operators Life; or
- the date you reach the Coverage Termination Age / Expiry of Insurance as stated on the Benefit Summary.

Hospitalization Insurance

(Applies to Comprehensive Protection Bundle Only)

(Primary Cardholder and Spouse)

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

What Is The Hospitalization Insurance Benefit?

If you have enrolled for insurance coverage and you meet the terms and conditions of this Product Guide, and if you are Hospitalized as an in-patient for a minimum of 24 consecutive hours, we will pay an insurance benefit based on the Account Balance on your last issued account statement for your Insured Credit Card prior to and including the date of your Hospitalization.

The amount of Hospitalization insurance benefit payable will be equal to the Benefit Payable shown on the Benefit Summary.

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The maximum amount of Hospitalization insurance benefit per occurrence will be equal to the lesser of:

- the Balance owing on your last issued account statement for your Insured Credit Card prior to and including the date of your Hospitalization; and
- the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

You are responsible for making your regular Insured Credit Card payments while your claim is under review. You are responsible for making up any deficiency between your monthly Insured Credit Card payment amount and the Hospitalization insurance benefit.

This Hospitalization insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is A Hospitalization?

Hospitalization means admittance to and confinement in a Hospital in Canada or the continental United States (Including Alaska and Hawaii) as an In-Patient overnight for medical treatment, based on the recommendation of a Physician, due to Accidental Bodily Injury or unforeseen Sickness.

Recurrent Hospitalization and Re-Eligibility For Hospitalization Insurance Benefits

For Hospitalizations lasting less than 30 consecutive days, The Hospitalization benefit is limited to five (5) Hospitalizations within a 12-month consecutive period.

Hospitalizations within 30 days of the initial hospital confinement are considered a continuation of the initial confinement regardless of cause.

For Hospitalizations lasting 30 consecutive days or more, you must be claim free of Hospitalization for 12 consecutive months prior to any subsequent claims.

EXCLUSIONS: When Your Hospitalization Insurance Benefit Will Not Be Paid

We will not pay a Hospitalization insurance benefit if:

- your Hospitalization is related to any Pre-Existing Condition;
- your Hospitalization began prior to the Effective Date of Insurance;
- your Hospitalization is scheduled;
- your Hospitalization is the result of a normal pregnancy or childbirth (that is, complications arising from abnormal pregnancy or abnormal childbirth we consider appropriate);
- your Hospitalization began when you were confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution;
- your Hospitalization began after your insurance coverage ended;
- your age is equal to or greater than the Coverage Termination Age / Expiry of Insurance stated on the Benefit Summary as of the date of your Hospitalization;
- your Hospitalization is related to you attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions;

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- your Hospitalization is related to you committing or attempting to commit a criminal offence;
- your Hospitalization is related to you using, ingesting or enrolled in a rehabilitation program for ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;
- your Hospitalization is related to your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction;
- your Hospitalization is related to an elective surgery;
- at any time during your Hospitalization, you are receiving Disability, Involuntary Loss of Employment or Loss of Self- Employment insurance benefits from Co-operators Life under this Product Guide; or
- you or your estate representative do not provide us with notice and proof of your claim within the time limits specified in this Product Guide

NOTE: We will not pay a Hospitalization insurance benefit if your Hospitalization begins within 30 days of the Effective Date of Insurance.

Involuntary Loss Of Employment Insurance

(Applies to Comprehensive Protection Bundle Only)

(Primary Cardholder Only)

What Is The Involuntary Loss Of Employment Insurance Benefit?

If you have enrolled for insurance coverage and you meet the terms and conditions of this Product Guide, when you are affected by an Involuntary Loss of Employment and your Involuntary Loss of Employment insurance claim is approved, we will pay a monthly Involuntary Loss of Employment insurance benefit as described on the Benefit Summary. The monthly Involuntary Loss of Employment insurance benefit is based on the Account Balance on your last issued account statement for your Insured Credit Card prior to and including the date of your Involuntary Loss of Employment.

NOTE: If you are Self-Employed, a Seasonal Employee or an elected government official, you are not eligible for Involuntary Loss of Employment insurance benefits. If you have received Formal or Informal Notice of the impending loss of your Employment, you are not eligible for Involuntary Loss of Employment insurance benefits.

The monthly amount of Involuntary Loss of Employment insurance benefits payable will be equal to the Monthly Benefit Payable shown on the Benefit Summary.

The maximum amount of Involuntary Loss of Employment insurance benefits per occurrence will be equal to the lesser of:

- the Balance owing on your last issued account statement for your Insured Credit Card prior to and including the date of Involuntary Loss of Employment; and

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- the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

NOTE: If we approve your claim for Involuntary Loss of Employment insurance benefits, the monthly Involuntary Loss of Employment insurance benefit amount will be calculated and will remain the same for the duration of the claim period.

We will make the claim payment directly to the Group Policyholder who will then credit the payment to your Insured Credit Card account.

If you add to or pay down the Outstanding Balance of your Insured Credit Card after the date of your Involuntary Loss of Employment, the monthly benefit amount we pay will not change.

You are responsible to make up any deficiency between your monthly Insured Credit Card payment amount and the Involuntary Loss of Employment insurance benefit.

This Involuntary Loss of Employment insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is Involuntary Loss Of Employment?

Involuntary Loss of Employment means that your Employment was involuntarily terminated by your employer (not for cause) or suspended as a result of Layoff (temporary or permanent), and for which you are eligible to receive Unemployment Compensation. Involuntary Loss of Employment may also be due to Strike which includes any disruption in Employment due to a Labour Dispute or Lockout.

To qualify for Involuntary Loss of Employment insurance benefits and to continue to receive these benefits, you must have been Actively at Work.

Actively at Work for Involuntary Loss of Employment insurance means you must have been Employed and have been continuously working at your Principal Occupation for a minimum of 20 hours per week for 3 consecutive months as of the effective date of your Involuntary Loss of Employment.

If your Involuntary Loss of Employment is not due to Strike, you must:

- upon experiencing an Involuntary Loss of Employment, immediately register with the appropriate federal (and, where applicable, provincial) government department or agency in order to qualify for and receive Unemployment Compensation;
- provide us with evidence, which we consider satisfactory, of your registration for and receipt of Unemployment Compensation;
- be actively seeking Employment; and
- remain unemployed.

Terms Specific To Involuntary Loss Of Employment And What They Mean

Elimination Period

The Elimination Period is like a waiting period and is counted as a consecutive number of days between the beginning of your Involuntary Loss of Employment and the time you are eligible for benefits. The Elimination Period for Involuntary Loss of Employment is retroactive. The Elimination Period for Involuntary Loss of Employment begins on the later of:

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- the effective date of your Involuntary Loss of Employment; and
- if applicable, the end of the period of time for which any severance payments apply.

You must experience an Involuntary Loss of Employment and remain unemployed throughout the Elimination Period shown on the Benefit Summary before you are eligible for benefits.

We will start paying insurance benefits as of the expiry of the Elimination Period.

A retroactive Elimination Period means we will pay insurance benefits retroactively to the start of your Involuntary Loss of Employment.

Involuntary Loss of Employment means your Employment has ceased directly and solely as a result of:

- a complete and permanent severance of your Employment without cause;
- a Layoff by your employer; or
- a Strike, Labour Dispute or Lockout.

When Do Involuntary Loss Of Employment Insurance Benefits Begin?

Once we have approved your claim, we will start paying Involuntary Loss of Employment insurance benefits as of the expiry of the Elimination Period.

Your monthly Involuntary Loss of Employment insurance benefit will be calculated as stated above under the heading "What Is The Involuntary Loss Of Employment Insurance Benefit?". The total amount of Involuntary Loss of Employment insurance benefits paid will not exceed the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

You are responsible for making your regular Insured Credit Card payments during the Elimination Period and while your claim is under review.

Re-Eligibility For Involuntary Loss Of Employment Insurance Benefits

You will be re-eligible for Involuntary Loss of Employment insurance benefits after the completion of payments under an Involuntary Loss of Employment claim if you become Employed in a non-seasonal occupation with the same employer for at least three (3) consecutive months.

EXCLUSIONS: When Your Involuntary Loss Of Employment Insurance Benefit Will Not Be Paid

We will not pay Involuntary Loss of Employment insurance benefits if:

- your Involuntary Loss of Employment results from your resignation, retirement or your voluntary surrender of your Employment;
- your Involuntary Loss of Employment results from dishonesty, fraud, conflict of interest, refusal to carry out your duties or willful or criminal misconduct;
- your Involuntary Loss of Employment results from you being Self-Employed, a Seasonal Employee or an elected government official;
- your Involuntary Loss of Employment results from or ends prior to the expiration of a specific contract of Employment;

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- your Involuntary Loss of Employment began prior to the Effective Date of Insurance;
- your Involuntary Loss of Employment began when you were confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution;
- you are terminated by your employer for cause;
- your Involuntary Loss of Employment began after your insurance coverage ended;
- you are on maternity or parental leave or leave of absence;
- your age being equal to or greater than the Coverage Termination Age / Expiry of Insurance stated on the Benefit Summary as of the date of your Involuntary Loss of Employment;
- you or your spouse are receiving Disability or Loss of Self-Employment insurance benefits from Co-operators Life under this Product Guide;
- your claim results directly or indirectly from or is in any way related to:
 - a) you committing or attempting to commit a criminal offence;
 - b) you using or ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician; or
 - c) your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction;
or
- your Unemployment Compensation claim is not paid for any reason (not applicable if Involuntary Loss of Employment is due to Strike); or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

Involuntary Loss Of Employment Within 30 Days

We will not pay Involuntary Loss of Employment insurance benefits if your Involuntary Loss of Employment begins within 30 days of the Effective Date of Insurance. This means that you will be eligible to claim Involuntary Loss of Employment insurance benefits when you have once again been Employed for a minimum of 20 hours per week for 3 consecutive months.

When Do Involuntary Loss Of Employment Insurance Benefits End?

Involuntary Loss of Employment insurance benefits will be paid until the earliest of the following:

- the date you Return to Work;
- the date you become Self-Employed;
- the date the Outstanding Balance of your Insured Credit Card as of the date of your Involuntary Loss of Employment has been paid;
- the date that we have paid the Maximum Benefit Payable Per Occurrence shown on the benefit Summary;

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- the date you become confined, as a result of criminal proceedings against you, to a penal institution government detention facility, hospital or similar institution;
- the date you participate in any Business or occupation for wages or profit;
- the date your insurance ends, as described under the heading "When Does Your Insurance Coverage End?";
- the date you or your spouse begin receiving Disability or Loss of Self-Employment insurance benefits under this Product Guide for the Insured Credit Card;
- the date you do not provide satisfactory proof of your continuing receipt of Unemployment Compensation or satisfactory proof of your continuing unemployment (not applicable if Involuntary Loss of Employment is due to Strike); or
- the date you reach the Coverage Termination Age / Expiry of Insurance as stated on the Benefit Summary.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

Loss Of Self-Employment Insurance

(Applies to Comprehensive Protection Bundle Only)

(Primary Cardholder Only)

What Is The Loss Of Self-Employment Insurance Benefit?

If you have enrolled for insurance coverage, and you meet the terms and conditions of this Product Guide, when you experience a period of unemployment due to the forced closure of your Business for financial reasons and your claim is approved, we will pay a monthly Loss of Self-Employment insurance benefit as described on the Benefit Summary. The monthly Loss of Self-Employment insurance benefit is based on the Account Balance on your last issued account statement for your Insured Credit Card prior to and including the date of your Loss of Self-Employment.

The monthly amount of Loss of Self-Employment insurance benefits payable will be equal to the Monthly Benefit Payable shown on the Benefit Summary.

The maximum amount of Loss of Self-Employment insurance benefits per occurrence will be equal to the lesser of:

- the Balance owing on your last issued account statement for your Insured Credit Card prior to and including the date of your Loss of Self-Employment; and
- the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

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NOTE: If we approve your claim for Loss of Self-Employment insurance benefits, the monthly Loss of Self-Employment insurance benefit amount will be calculated and will remain the same for the duration of the claim period.

We will make the claim payment directly to the Group Policyholder who will then credit the payment to your Insured Credit Card account.

If you add to or pay down the Outstanding Balance of your Insured Credit Card after the date of your Loss of Self-Employment, the monthly benefit amount we pay will not change.

You are responsible for making up any deficiency between your monthly Insured Credit Card payment amount and the Loss of Self-Employment insurance benefit.

This Loss of Self-Employment insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is Loss Of Self-Employment?

Loss of Self-Employment means you worked for income received from:

- a trade or profession in which you were engaged,
- a partnership in which you were a partner,
- your own Business, or
- a private company or other entity in which you had an ownership interest.

If, while insured, you experience a period of unemployment due to the forced closure of your Business for financial reasons and remain unemployed for more than 90 consecutive days, you may be entitled to receive a benefit.

To qualify for Loss of Self-Employment insurance benefits and to continue to receive these benefits, you must:

- have been Actively at Work;
- provide us with evidence in respect of your Loss of Self-Employment, including:
 - a) financial records,
 - b) satisfactory proof of your Self-Employment status and income from Self-Employment both in the period prior to the date of occurrence and thereafter,
 - c) copies of Business license or articles of incorporation, and
 - d) any other documents attesting to the loss as applicable; and
- remain unemployed.

Actively at Work for Loss of Self-Employment insurance means you must have been Self-Employed and have been continuously working for a minimum of 20 hours per week for an active Business that had been registered or incorporated for a period of at least 36 consecutive months as of the effective date of your Loss of Self-Employment.

Terms Specific To Loss Of Self-Employment And What They Mean

Elimination Period

The Elimination Period is like a waiting period and is counted as a consecutive number of days between the beginning of your Loss of Self-Employment and the time you are eligible for benefits. The Elimination Period for Loss of Self-Employment is non- retroactive.

You must experience a Loss of Self-Employment and remain unemployed throughout the Elimination Period shown on the Benefit Summary before you are eligible for benefits.

We will start paying insurance benefits as of the expiry of the Elimination Period.

A non-retroactive Elimination Period means we will not pay insurance benefits retroactively to the start of your Loss of Self-Employment.

When Do Loss Of Self-Employment Insurance Benefits Begin?

Once we have approved your claim, we will start paying Loss of Self-Employment insurance benefits as of the expiry of the Elimination Period.

Your monthly Loss of Self-Employment insurance benefit will be calculated as stated above under the heading "What Is The Loss Of Self-Employment Insurance Benefit?". The total amount of Loss of Self-Employment insurance benefits paid will not exceed the Maximum Benefit Payable Per Occurrence shown on the Benefit Summary.

You are responsible for making your regular Insured Credit Card payments during the Elimination Period and while your claim is under review.

Re-Eligibility For Loss Of Self-Employment Insurance Benefits

You will be re-eligible for Loss of Self-Employment insurance benefits after the completion of payments under a Loss of Self-Employment claim when you are Self-Employed for at least 20 hours per week in an active Business that has been registered or incorporated for a period of at least 36 consecutive months.

EXCLUSIONS: When Your Loss Of Self-Employment Insurance Benefit Will Not Be Paid

We will not pay Loss of Self-Employment insurance benefits if:

- your Loss of Self-Employment began prior to the Effective Date of Insurance;
- your Loss of Self-Employment results from voluntary forfeiture of salary, wages, or income;
- your Loss of Self-Employment results from your retirement;
- your age is equal to or greater than the Coverage Termination Age / Expiry of Insurance stated on the Benefit Summary as of the date of your Loss of Self-Employment;
- your Loss of Self-Employment results from your dishonesty, fraud, conflict of interest, refusal to carry out your duties or willful or criminal misconduct;
- your Loss of Self-Employment results from your engagement in any Employment for remuneration or profit;
- your Loss of Self-Employment began after your insurance coverage ended;

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- your Loss of Self-Employment results from you being confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution;
- your Loss of Self-Employment results from you being on maternity or parental leave or leave of absence;
- you are receiving Disability or Involuntary Loss of Employment insurance benefits from Co-operators Life under this Product Guide;
- your Loss of Self-Employment claim results directly or indirectly from or is in any way related to:
 - a) you committing or attempting to commit a criminal offence;
 - b) you using or ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician; or
 - c) your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction;
or
- you or your estate representative do not provide us with notice and proof of your claim within the time limits specified in this Product Guide.

Loss Of Self-Employment Within First 12 Months

We will not pay Loss of Self-Employment insurance benefits if your Loss of Self-Employment due to closure of your Business begins within the first 12 months of the Effective Date of Insurance for any reason. This means that you will be eligible to claim Loss of Self-Employment insurance benefits when you have once again been Self-Employed for a minimum of 20 hours per week for 36 consecutive months.

When Do Loss Of Self-Employment Insurance Benefit End?

Loss of Self-Employment benefits will be paid until the earliest of the following:

- the date you Return to Work;
- the date you become engaged in any Employment;
- the date the Outstanding Balance of your Insured Credit Card as of the date of your Loss of Self-Employment has been paid;
- the date we have paid the Maximum Benefit Payable Per Occurrence as stated on the Benefit Summary has been paid;
- the date you become confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution;
- the date your insurance ends, as described under the heading "When Does Your Insurance Coverage End?";
- the date you begin receiving Disability or Involuntary Loss of Employment insurance benefits under this Product Guide for the Insured Credit Card;
- the date you do not provide satisfactory proof of your continuing unemployment;
or
- the date you reach the Coverage Termination Age / Expiry of Insurance as stated on the Benefit Summary.

How To Make A Claim

Notice Of Claim - Important Time Limits

NOTE: In the event of a claim, please contact us as soon as possible. You must provide us with notice and proof of your claim within the time limits specified in this Product Guide. If you do not do so, we may decline your claim and not pay any insurance benefits.

The insurance claims process is different for each type of claim as described in the Proof of Claim section below. You may also obtain information on submitting a claim by visiting www.cumis.com or by contacting us directly for assistance.

CUMIS, A Division of Co-operators Life Insurance Company
P.O. Box 5065, 151 North Service Road,
Burlington, ON L7R 4C2
Attention: Claims Centre

Toll-free telephone: 1.855.587.8595
Toll-free confidential fax: 1.800.897.7065
Confidential email: claims.centre@cumis.com

Proof Of Claim

Life Insurance Claim

To make a Life insurance claim, Co-operators Life Insurance Company is the first point of contact for your next of kin or your estate representative. We will coordinate obtaining the required claim forms and any other supporting Insured Credit Card information we require. Your next of kin or your estate representative and the Group Policyholder will be notified when a claim decision has been made. At any time, your estate representative may contact us or the Group Policyholder for the status of the claim.

NOTE: Your estate representative must submit notice and proof of claim within one year of the date of your death. This includes proof of your death and all other supporting documentation which we require.

Living Benefit, Accidental Dismemberment, Critical Illness, Disability, Involuntary Loss Of Employment, Loss Of Self-Employment, Or Hospitalization Insurance Claim

To make a living benefit, accidental dismemberment, Critical Illness, disability, Involuntary Loss of Employment, Loss of Self-Employment, or Hospitalization insurance claim, contact our Claims Centre. When you make the initial call, we will start by asking you for information so we can identify you and your Insured Credit Card. The information we require to establish your entitlement to benefits may be different for each type of claim.

After your claim is submitted, we will let you know if we require additional documentation or information. We will also ask you to complete and return to us an authorization form so we may obtain information directly from your Physician(s), employer or other sources we consider appropriate.

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Please note you will remain legally responsible for making your Insured Credit Card payments and pay your insurance Premium to the Group Policyholder throughout the course of any claim. We will notify you and the Group Policyholder in writing if we approve or decline your claim. If we approve your claim, we will pay the benefits described in this Product Guide. If we decline your claim, we will provide you with reasons.

NOTE: Accidental dismemberment claims must be reported to us within one year of the date of loss, including proof of loss and supporting documentation which we may require.

For living benefit, Critical Illness, Disability, Involuntary Loss of Employment, Loss of Self-Employment, or Hospitalization insurance claims you must provide us with written notice within 30 days of the date your claim first arises (that is, the date you were Diagnosed with a terminal illness, Critical Illness, you first became Totally Disabled, or you experienced an Involuntary Loss of Employment or Loss of Self-Employment, or you were discharged from the hospital). You must also submit proof of your claim, in a form we consider acceptable, within 90 days of the date your claim first arises. If we do not receive notice of claim within these specified time limits, you must provide a written reasonable cause for delay within one year of the date of claim, or as set out in provincial insurance legislation.

For Loss of Self-Employment insurance claims, you must also provide us with additional information, including financial records, copies of Business license or articles of incorporation, and any other documents attesting to the loss, as applicable.

Other Important Claim Information

Appealing Your Claim

If the insurance claim is declined and there is disagreement with our decision, a formal written request to appeal may be submitted. The written request to appeal must explain why there is disagreement, and supporting documentation must be provided. Upon receipt, we will review the request and advise on our decision of the appeal.

If our decision of the appeal is not satisfactory, we will provide information on the steps which can be taken to have concerns reviewed further. This may include, if desired, contacting our Office of Fair Client Practices.

Mail: Office of Fair Client Practices
The Co-operators Group Limited 101 Cooper Drive
Guelph, ON N1C 0A4

Email: fairpractices@cooperators.ca

Phone: 1.877.720.6733

If you reside in Saskatchewan, you may also contact the Superintendent of Insurance:

Mail: Financial and Consumer Affairs Authority of Saskatchewan Insurance and Real Estate Division
Attention: Superintendent of Insurance
Suite 601-1919 Saskatchewan Drive
Regina, SK S4P 4H2

Email: fcaa@gov.sk.ca

Phone: 1.306.787.6700

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Fax: 1.306.787.9006

If you reside in Québec, you may also contact the Autorité des marchés financiers:

Mail: Autorité des marchés financiers
Assistance, Complaints and Compensation
Place de la Cité, Tour Cominar
2640 Laurier Blvd Suite 400
Québec, QC G1V 5C1

Phone: 1.877.525.0337

Fax: 1.877.285.4378

Important Time Limits For Taking Legal Action

Provincial Insurance legislation states:

Every action or proceeding against an Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

This means, if we decline your claim or terminate your insurance benefits, provincial laws strictly limit the time periods within which you may commence legal proceedings against us to recover insurance benefits. This time period starts on the date we initially decline your claim or terminate insurance benefits.

Simultaneous Claims

Life, Living Benefit, Accidental Dismemberment and Critical Illness

If more than one Insured's death, Accidental Dismemberment or Diagnosis of a Critical Illness or terminal illness occurs on the same date, only one benefit will be paid based on the first Insured to claim; at which time all insurance under this Product Guide will be terminated. In no circumstances will we pay more than the Outstanding Balance on your Insured Credit Card; nor will the benefit payable exceed the Maximum Benefit Payable as shown on the Benefit Summary.

Disability and Hospitalization

If you have a Total Disability and Hospitalization claim at the same time, under the same Insured Credit Card, the Hospitalization benefit will be paid first. The benefits paid will be limited to the Maximum Benefit Payable Per Occurrence and the Maximum Benefit Payable.

If more than one Insured has a Total Disability and/or Hospitalization claim at the same time, under the same Insured Credit Card, only one benefit will be paid at a time. The benefit paid will be limited to the Maximum Benefit Payable Per Occurrence and the Maximum Benefit Payable.

Hospitalization and either Critical Illness or Accidental Dismemberment

If you have a Hospitalization and either a Critical Illness or Accidental Dismemberment claim at the same time, under the same Insured Credit Card, only the Critical Illness or Accidental Dismemberment benefit will be paid. The benefit paid will be limited to the Maximum Benefit Payable.

If more than one Insured has a Hospitalization and either a Critical Illness or Accidental Dismemberment claim at the same time, under the same Insured Credit Card, only one Critical Illness or Accidental Dismemberment benefit will be paid. The benefit paid will be limited to the Maximum Benefit Payable.

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Hospitalization

If more than one Insured has a Hospitalization claim at the same time, under the same Insured Credit Card, only one benefit will be paid. Only the benefit with the highest benefit amount payable will be paid and will be limited to the Maximum Benefit Payable Per Occurrence and the Maximum Benefit Payable.

Rights Of Examination

We may ask you to have a medical examination by a Physician of our choice. We will pay for this examination but will not pay any benefits if you refuse to have the examination.

Additional Information About Your Insurance

About Your Insurance Premium

Premium means the total Premium payable for this insurance coverage for which you have elected to Enrol. The Premium is the cost of your insurance.

Your monthly insurance Premium is calculated based on the Outstanding Balance of your Insured Credit Card indicated on your monthly credit statement.

Premium rates are expressed in dollars and/or cents for every \$100 of Outstanding Balance on your Insured Credit Card. Your monthly Premium, before applicable taxes, can be calculated by multiplying the applicable Premium rate per \$100 (as shown on the Benefit Summary) of Outstanding Balance on your Insured Credit Card, to a maximum Outstanding Balance of \$25,000.

Refund Of Premium While Receiving A Monthly Benefit

Premium will be charged to your Insured Credit Card account for the duration of your claim. During this time, you will receive a Premium refund. The amount of refund is equal to the Premium calculated based on the Outstanding Balance used to determine the monthly benefit payable, and will be added to each monthly benefit payment. This refund amount will remain unchanged for the duration of the claim period. If you continue to use your credit card while on claim, you will be responsible for the new Premium on any new charges.

Premium Payments

Each month, your monthly insurance Premium, plus applicable taxes, as charged by the Group Policyholder is added to your monthly Insured Credit Card statement.

To keep your insurance in force, your Premium must be paid when due.

Premium Rate Changes

Under the terms of the Group Policy, we may change Premium rates on written notice to the Group Policyholder. Written notice will also be sent to you by regular mail to your address as it appears on file, at least 30 days before the Premium rate is changed. Except in cases where a change in legislation or regulation directly affects the insurance coverage provided under the Group Policy, the Premium rate will not be changed more than once in any twelve (12) month period.

Cancellation Of Certificate Or Policy

We reserve the right to cancel the Group Policy. If this happens, your Group Policyholder will notify you at least 30 days before the effective date of cancellation, and we will honour all valid claims arising before that date.

Currency

All amounts payable to or by us shall be in Canadian dollars.

Material Misrepresentation

If you misrepresent information at time of claim (that is, if you provide incorrect information or fail to disclose information), which is material or important to your insurance, your insurance may be void from the beginning and treated as if never in force. In case of misrepresentation, we would decline your claim and, except for fraud, refund your insurance Premium, less our applicable processing fee.

Misstatement Of Age

If you misstated your age when you enrolled for insurance coverage, and as a result your correct age would have made you ineligible for Balance Protection Select Creditor's Group Insurance: Comprehensive coverage, the liability of Co-operators Life Insurance Company is limited to a refund of Premium paid, and your insurance will be void as if it never existed.

If you would have been eligible for coverage based upon your correct age, we will make any adjustments to insurance benefits, Premium or term that are necessary to continue coverage.

Conformity With Statutes

If, on the Effective Date of Insurance, any part of this Product Guide conflicts with the statutes governing this Product Guide, the provisions of such statutes shall govern.

If you have a complaint

There may be times when you feel we haven't met your expectations, and we welcome the opportunity to try to make things right. If you have a concern about your claim, policy or the service you've received, there are simple steps you can take to have your voice heard. To get started, please visit our company website for further details on our complaint handling process:

<https://www.cooperators.ca/en/have-an-insurance-concern/compliments-concerns/life-insurance-resolution.aspx>

How to Change Coverage Bundle or Cancel Insurance Coverage

Your insurance coverage with Co-operators Life is entirely voluntary and you may cancel your insurance or change your protection bundle at any time.

To cancel your insurance or change your protection bundle, please contact the Group Policyholder Contact shown on the Benefit Summary, or if applicable cancel online. Only the Primary Cardholder can change the protection bundle or cancel the Balance Protection Select Creditor's Group Insurance: Comprehensive.

If you cancel your insurance coverage within 30 days of your Effective Date of Insurance, provided no claim has been made, you will receive a full refund of any Premium that you have paid, and the insurance coverage will be deemed never to have been in force.

You may also cancel this insurance any time after the 30-day review period, in accordance with this Product Guide, with no Premium refund, unless required by law.

Definitions

In this Product Guide, certain words and phrases have specific meanings. These terms are explained in this section and in other places throughout this document.

Accident means a violent, external incident that is sudden, involuntary and unforeseen, causing bodily injuries directly and independently of any other cause. Accident does not include sickness, disease or any naturally occurring conditions.

Accidental Dismemberment has the meaning ascribed to it under section "What Is The Accidental Dismemberment Insurance Benefit?".

Accrued Interest is the interest owing on the Outstanding Balance of your Insured Credit Card from the date of the last payment, as determined by the Group Policyholder, to the date of your death or the Date of Diagnosis of your Critical Illness or terminal illness, depending on the insurance benefit payable, not to exceed 180 days.

Actively at Work has the meaning ascribed to it under the following sections:

- i) "What Is A Disability?"
- ii) "What Is Involuntary Loss Of Employment?"
- iii) "What Is Loss Of Self-Employment?"

Activities of Daily Living has the meaning ascribed to it under section "Terms Specific to Disability Insurance and What They Mean".

Appropriate Medical Care means you are undergoing available Medical Treatment. This includes, but is not limited to, taking pills or any prescription medication, receiving injections for any condition, and undergoing investigative medical tests for the illness, disease or bodily injury for which you have made your claim. The treatment must be effective, as determined by us, in assisting you with rehabilitation and restoration of functional capacity on a timely basis, including, but not limited to, participation in an occupational therapy program, physiotherapy, psychological or psychiatric counseling, or a pain behaviour modification program.

Benefit Summary means a summary of the provisions and features of this Balance Protection Select Creditor's Group Insurance: Comprehensive included in your Welcome Package.

Business means a sole proprietorship, partnership, corporation or other entity operating a Business or farm that is indebted to the Group Policyholder under a Cardholder Agreement.

Cancer has the meaning ascribed to it under section "What Is A Critical Illness?".

Cardholder Agreement means the agreement between you and the Group Policyholder and governs your Insured Credit Card account.

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Cash Advance means a cash-like transaction using your Insured Credit Card at a branch or through an Automated Teller Machine (ATM) including advances and balance transfers.

Concurrent Disabilities has the meaning ascribed to it under section "What Is A Disability?".

Coverage Termination Age / Expiry of Insurance is stated on the Benefit Summary.

Critical Illness has the meaning ascribed to it under section "What Is A Critical Illness?".

Date of Diagnosis means the date in which a final Diagnosis is made following the completion of testing and, in the presence of Cancer, the date confirmed through biopsies, in order to determine the presence and extent of a certain disease or condition.

Diagnosis and **Diagnosed** mean a definitive written Diagnosis of a medical condition made by a Licensed Physician qualified to make that Diagnosis.

Disability has the meaning ascribed to it under section "What Is A Disability?".

Effective Date of Insurance means the date your Enrol for Balance Protection Select Creditor's Group Insurance: Comprehensive.

Elimination Period has the meaning ascribed to it under the following sections:

- i) "What Is A Disability?"
- ii) "What Is Involuntary Loss of Employment?"
- iii) "What Is Loss Of Self-Employment?"

Employed and **Employment** mean working for an employer who pays you wages or a salary. Employed does not include being Self-Employed.

Enrol(s) or **Enrolment** means you Enrol for Balance Protection Select Creditor's Group Insurance: Comprehensive completed by way of voice recording or in writing.

Formal Notice is deemed to occur if you receive, from your employer, a formal written communication which indicates that you have or will be losing your job.

Group Policy means the creditor's group insurance policy issued by Co-operators Life to the Group Policyholder which makes Life, Accidental Dismemberment, Critical Illness, Disability, Hospitalization, Involuntary Loss of Employment, and Loss of Self-Employment insurance available to all eligible credit cardholders who choose to Enrol and pay the required Premium.

Group Policyholder means the Group Policyholder specified on the Benefit Summary.

Health Care Practitioner has the meaning ascribed to it under section "Pre-Existing Condition Exclusion".

Heart Attack has the meaning ascribed to it under section "What Is A Critical Illness?".

Hospital means an acute care institution licensed as a hospital that is open at all times, that is operated mainly to diagnose and treat illnesses on an in-patient basis, that has a staff of one (1) or more Physicians on call at all times, that provides twenty-four (24) hour nursing services by registered nurses and that has organized facilities on the premises for surgery. A Hospital does not include an institution used primarily for rest, custodial care, nursing, care for the aged, alcohol or drug addiction, rehabilitation, or psychiatric care.

Hospitalization has the meaning ascribed to it under section "What Is Hospitalization?".

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Informal Notice is deemed to occur if your employer has advised you verbally or through other means of communication that you have or will be losing your job.

In-Patient means being formally admitted to a hospital for an overnight stay and does not include emergency room visits where formal admission and discharge does not occur.

Insured means an individual, including you, who has enrolled and has met all eligibility requirements for insurance under the Group Policy.

Insured Credit Card means a credit card issued by the Group Policyholder for which you have enrolled for insurance coverage and for which you have paid the Premium.

In-Transit Retail Sales means purchases made at a merchant, either in person or remotely, using your Insured Credit Card.

Involuntary Loss of Employment has the meaning ascribed to it under section "What Is Involuntary Loss Of Employment?".

Labour Dispute means a voluntary and simultaneous work stoppage or disruption of work by a group of employees, of which you are a part, acting together against one or more employers in an industry or territory.

Layoff means a suspension of your Employment initiated by your employer, with a possibility of resumption, during which your employer does not pay you any compensation.

Licensed Physician or Physician means a person at arm's length to you who is legally licensed to practice medicine by the licensing authority of the provincial jurisdiction in which he or she is practicing within the scope of his or her licensed authority.

Lockout means the action of your employer in temporarily closing your place of Employment, without terminating your Employment, as a result of a Labour Dispute.

Loss of Self-Employment means while insured, you experience a period of unemployment due to the forced closure of your Business for financial reasons.

Maximum Benefit Payable has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Maximum Benefit Payable Per Occurrence has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Medical Advice or Treatment has the meaning ascribed to it under section "Pre- Existing Condition Exclusion".

Minimum / Maximum Eligibility Age is stated on the Benefit Summary.

Monthly Benefit Payable has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Outstanding Balance means the Outstanding Balance of your Insured Credit Card, as calculated by the Group Policyholder, upon which the monthly Premium is calculated and payable.

Pre-Existing Condition has the meaning ascribed to it under section "Pre-Existing Condition Exclusion".

Pre-Existing Condition Exclusion Period has the meaning ascribed to it under section "Pre-Existing Condition Exclusion".

Premium has the meaning ascribed to it under section "About Your Insurance Premium".

Primary Cardholder means the individual who is named as the primary borrower on the Cardholder Agreement.

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Principal Occupation means the occupation from which you derived at least 75 per cent of your gross pay for the six month period immediately preceding the date of your Total Disability.

Recurring Disabilities has the meaning ascribed to it under section "What Is A Disability?".

Return to Work means the date the Insured returns to work part-time, full-time or progressively, or on a temporary assignment, whether to carry out his normal duties, or any other duties.

Seasonal Employee means your occupation is solely and directly subject to specific, identifiable and predictable periods of time during each calendar year when work is unavailable due to seasonal changes in the weather or other natural, non-economic factors which limit the period of time during which you are able to perform your occupation.

Self-Employed means a person who earns income from their own Business, company, trade, profession, partnership, corporation or other entity in which they have ownership interest.

Settlement Interest means interest on the Outstanding Balance of your Insured Credit Card which we will pay as part of the insurance benefit. It is calculated, at a rate and for a term as determined by us, from the date of your death, date of your Accidental Dismemberment or the Date of Diagnosis of your Critical Illness or terminal illness, depending on the insurance benefit payable, not to exceed 90 days.

Specialist means a Licensed Physician at arm's length to you who has been trained in the specific area of medicine relevant to the covered Critical Illness condition for which a 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 us, a condition may be Diagnosed by a qualified Licensed Physician at arm's length to you practicing in Canada.

Spouse means the person who is lawfully married to you, or the person who has been living with you for at least one year and is publicly represented as your Spouse.

NOTE: Spousal coverage is not applicable to residents in the province of Quebec.

Strike means any disruption in Employment due to a Labour Dispute or Lockout.

Stroke has the meaning ascribed to it under section "What Is A Critical Illness?".

Suicide means you die as a result of attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions, within six months after the Effective Date of Insurance.

Totally Disabled and Total Disability has the meaning ascribed to it under section "What Is A Disability?".

Treatment means advice, consultation, care, Treatment and/or service provided by a Doctor. This includes but is not limited to diagnostic measures, taking pills, injections or other medication for a condition.

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Unemployment Compensation

means monetary and/or other benefits provided by any applicable federal or provincial Employment insurance program or Employment assistance program.

Welcome Letter means the letter or email you receive as confirmation of enrolment as part of your Welcome Package.

Welcome Package means the documents you receive as confirmation of enrolment. This includes the Benefit Summary, Welcome Letter and this Product Guide.

Your Privacy Matters To Us

At Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us, and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of your province of residence or Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about our revised privacy policy at www.cooperators.ca/privacy. If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at Co-operators at 1-888.887.7773, or by e-mail: privacy@cooperators.ca



Investments. Insurance. Advice.

Claims – 1.855.587.8595

www.cooperators.ca

CUMIS, A Division of Co-operators Life Insurance Company
P.O. Box 5065, 151 North Service Road, Burlington, ON L7R 4C2

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