

# CANADIAN PREMIER LIFE INSURANCE COMPANY

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## Optional Credit Protection Insurance | Certificate of Insurance - Group Policy # LOC001-LD01

The Personal Line of Credit Agreement and this Certificate of Insurance are your insuring documents. This Certificate of Insurance describes the following benefits available under the Line of Credit Protection Plan:

### Involuntary Unemployment Benefit

#### Injury or Sickness Benefit

#### Critical Illness Benefit

### Death Benefit

#### Unpaid Family Leave Support

#### Lifetime Milestone Support

Not all of these insurance benefits necessarily apply to you. Coverage is provided in consideration of your eligibility, your request for coverage and payment of premium. You must read your Application to Enroll for Optional Credit Protection Insurance and your Certificate of Insurance together to determine which insurance you are eligible for and which benefits apply to you.

In this Certificate of Insurance, certain words have specific and defined meanings. For example, "we", "us", "our" and the "company" mean Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company, the insurers of the Group Policy described in this Certificate of Insurance. "You" and "your" mean the insured person named on the Personal Line of Credit Agreement you have signed with the Lender when the premium has been indicated and has been paid.

The Lender means LendDirect Corp. Please refer to this Certificate of Insurance and the Definitions section in this Certificate of Insurance for other definitions.

**INTRODUCTION:** You are covered on the Date Insurance Begins under the Group Policy issued by us to the Lender, subject to the terms and conditions of coverage described in this Certificate of Insurance.

This Certificate of Insurance is intended to provide a summary of the provisions of the Group Policy. However, in the event of a dispute, we pay benefits according to the wording in the Group Policy. This Certificate of Insurance replaces any and all certificates of insurance previously issued to you with respect to the Group Policy.

**DEFINITIONS:** The following words, when used in this Certificate of Insurance have the following meanings:

"Critical Illness" means an illness, disorder or Surgery which is specifically covered under the Group Policy as defined in the Critical Illness Benefit section and which is not specifically excluded.

"Date Insurance Begins" means the earliest of the date of your Personal Line of Credit Agreement or the date funds are advanced.

"Date of Diagnosis" means the date when a Specialist first Diagnosed you with a Critical Illness. The Date of Diagnosis must be after the Date Insurance Begins.

"Diagnosis" or "Diagnosed" means the certified Diagnosis by a Specialist.

"Doctor" means a Doctor of Medicine (M.D.) duly licensed to practice medicine, or any other practitioner recognized by the College of Physicians and Surgeons in the Province or Country in which the treatment is rendered. The Doctor must be someone other than yourself or a member of your immediate family. Immediate family includes any of your spouse, parent or stepparent, child or stepchild, brother or sister, stepbrother or stepsister, brother-in-law or sister-in-law, father-in-law or mother-in-law, and son-in-law or daughter-in-law.

"Employed Person", means a person who is working, for a salary or another form of remuneration, on a full-time basis for one or more employers, at least 20 hours per week immediately prior to the date your Involuntary Unemployment commenced. The 20-hour work requirement is continuous and must not be calculated through averaging.

"Hospital" means a licensed institution that is operated for the care and treatment of sick and injured people and:

1. provides organized facilities for diagnosis and major surgery;
2. provides 24-hour nursing services by registered nurses and has a Doctor in regular attendance;
3. is not primarily operated as a rest home, a nursing home or a place for the care and treatment of the blind, the deaf, the mentally ill; and
4. is not primarily operated as a treatment center for drug addicts or alcoholics unless the institution is eligible to receive payments under a provincial hospital plan.

"Injury" means bodily injury resulting directly and independently of all other causes from an accident that is caused by external, violent and visible means. We define accident as a sudden, unexpected event that occurs while you are insured under the Group Policy.

"Involuntary Unemployment" means:

1. termination of employment without cause; or
2. layoff; or
3. termination of employment due to Sickness.

"Life Support" means an insured person is under the regular care of a Doctor for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred.

"Lifetime Milestone" means your retirement from employment (lifetime limit of one payment); your purchase of a home for use as a principal residence; birth or adoption of your child; your marriage; your, your spouse's or your child's post-secondary graduation or professional certification/designation; your or your spouse's first employment after graduation or professional certification/designation; after your final payment of your mortgage loan; and attending an apprentice program at a school for trades and apprenticeship.

"Line of Credit Balance" means the outstanding balance on the line of credit on the date of Involuntary Unemployment, Injury or Sickness, Diagnosis of a Critical Illness, death, Unpaid Family Leave or Lifetime Milestone.

"Monthly Amount Insured" means 120% of the minimum payment due under the Personal Line of Credit Agreement on the date of Involuntary Unemployment, Injury or Sickness, Unpaid Family Leave or Lifetime Milestone.

"Pre-Existing Condition" means any Injury, Sickness, mental illness, nervous disorder or any other condition for which medical advice, consultation, diagnosis or treatment was received or recommended by a Doctor, or for which a reasonable person would have sought or received medical advice, consultation, diagnosis or treatment from or by a Doctor, during the six months immediately prior to the Date Insurance Begins.

"Personal Line of Credit Agreement" means the Lender's line of credit agreement signed by you and attached to this Certificate of Insurance.

"Seasonal Employee" means an insured person whose normal employment is subject to seasonal conditions wherein a lay-off or work suspension is a regular and anticipated part of the work schedule.

"Sickness" means illness or disease which first manifests itself while you are insured under the Group Policy. "Sickness" includes mental, nervous, psychological, emotional or behavioral disorders, disease, or conditions.

"Specialist" means a Doctor registered and licensed to practice in Canada, the United States, or such other jurisdiction as we may approve, whose practice is limited to the particular branch of medicine relating to the applicable Critical Illness.

"Surgery" means that you actually undergo Surgery performed by a Specialist in Canada, the United States, or in such other jurisdiction as we may approve. Surgery will include the medical procedure for transplanting bone marrow.

"Survival Period" means the period starting on the Date of Diagnosis and ending 30 days following the Date of Diagnosis, except where modified elsewhere under the Group Policy. The Survival Period does not include the number of days on Life Support. You must be alive at the end of the Survival Period and must not have experienced irreversible cessation of all functions of the brain.

"Unpaid Family Leave" means an unpaid leave of absence from your employment of more than 14 days, approved by your employer, to provide care or support to your spouse, your child or your parent with a serious health condition.

**OUR AGREEMENT WITH YOU:** If your premium is shown on your Personal Line of Credit Agreement and has been paid and the information you provided when you enrolled is complete and accurate, we agree to pay the following benefits to the Lender, subject to the applicable terms, conditions and exclusions of the benefits listed under this Certificate of Insurance:

1. the Involuntary Unemployment Benefit described in the Involuntary Unemployment Schedule below, if you suffer from Involuntary Unemployment while covered for this benefit under the Group Policy;

2. the Injury or Sickness Benefit described in the Injury or Sickness Benefit Schedule below, if you suffer a specified loss while covered for this benefit under the Group Policy;
3. the Critical Illness Benefit described below, if you are Diagnosed with a Critical Illness while covered for this benefit under the Group Policy;
4. the Death Benefit described below, if you die while covered for this benefit under the Group Policy;
5. the Unpaid Family Leave Support described in the Unpaid Family Leave Schedule below, if you are required to take Unpaid Family Leave from your employment while covered for this benefit under the Group Policy; and
6. the Lifetime Milestone Support described in the Lifetime Milestone Schedule below, if a Lifetime Milestone occurs while covered for this benefit under the Group Policy.

**WHO MAY ENROL IN THIS PLAN:** If you are named in the Lender's Personal Line of Credit Agreement, you may enroll in the Line of Credit Protection Plan subject to the General Eligibility Requirements listed below. With respect to enrollment in, cancellation of, or changes to this coverage, we are entitled to rely on information and instructions provided by you. All notices and other correspondence relating to this coverage shall be sent to your address in the Lender's records. The Line of Credit Protection Plan is voluntary. You do not have to buy insurance to obtain a line of credit.

**DATE INSURANCE BEGINS:** Your insurance coverage begins on the Date Insurance Begins. All periods of coverage begin and end at 12:01 a.m. at your last address as it appears in the Lender's records.

#### **PREMIUMS**

**Method of Payment:** You have agreed that we can charge the premium shown on your Personal Line of Credit Agreement for coverage under the Line of Credit Protection Plan. We have the right to change the premium from time to time. Premiums are payable for insurance purchased on each Personal Line of Credit Agreement you sign.

**GENERAL ELIGIBILITY REQUIREMENTS:** There are specific conditions that apply to each of the specific benefits available under this Certificate of Insurance. Please refer to the applicable benefit description below for those specific conditions. The following general eligibility requirements apply to all benefits under the Line of Credit Protection Plan. You must satisfy all of the following conditions to be covered for or eligible to receive any benefits under this insurance:

1. You must be a natural person;
2. You must be a resident of Canada on the date you apply;
3. You must be at least 18 and under the age of 70 on the date you apply; and
4. You must have agreed to the terms and conditions of the Personal Line of Credit Agreement.

If you were not eligible for the benefits on the Date Insurance Begins, then your Certificate of Insurance will be deemed to never have been in effect and in the event of a claim our liability to you shall be limited to the repayment to the Lender of the premium paid, without interest.

**GENERAL EXCLUSIONS:** We do not pay benefits under this insurance if your Involuntary Unemployment, Injury or Sickness, Diagnosis of a Critical Illness or death, resulted directly or indirectly from:

1. a Pre-existing Condition (Not applicable if your Injury, Sickness, Diagnosis of a Critical Illness or death occurs/commences more than 60 days after the Date Insurance Begins.);
2. declared or undeclared war, an act of terrorism or participation in a riot or civil commotion;
3. intentionally self-inflicted injury;
4. suicide or attempted suicide (for the Death Benefit this exclusion is only applicable within the first 24-month period following the Date Insurance Begins);
5. the commission or attempted commission by you of any act which if adjudicated by a court would be an illegal act under the laws of the jurisdiction where the act was committed;
6. travel or flight in any vehicle or device for aerial navigation except as a fare paying passenger aboard a licensed scheduled airline;
7. an accident, injury or sickness sustained where you consumed, used, or had administered any drug, medication, narcotic, toxic substance or any other substance, except for any drug or medication used in strict accordance with the prescription of a licensed Doctor or dentist; or
8. operating a vehicle either under the influence of any intoxicant or if your blood alcohol concentration is in excess of the legal limit in the jurisdiction where the accident occurred.

**MAXIMUM BENEFIT PAYMENT:** No benefit is payable under any of the benefits listed in this Certificate of Insurance, if either a Critical Illness Benefit or a Death Benefit is payable or has been paid in respect of your Critical Illness or death.

**The following benefits are provided by Canadian Premier Life Insurance Company:**

#### **INVOLUNTARY UNEMPLOYMENT BENEFIT**

**WHAT WE PAY:** If your Involuntary Unemployment is due to lay-off or a termination of your employment without cause, and subject to the appropriate claim documentation being received, we will pay the calculated benefit as outlined in the Involuntary Unemployment Benefit Schedule below.

The maximum Involuntary Unemployment Benefit payable is equal to the LESSER of the following amounts:

1. Six payments of the Monthly Amount Insured plus the outstanding Line of Credit Balance after the six payments of the Monthly Amount Insured are paid, up to a maximum of \$2,000; or
2. The remaining Line of Credit Balance; or
3. \$4,000.

No benefit is payable if:

- a) you have been an Employed Person for less than 60 days since your last period of Involuntary Unemployment ended; or
- b) payment of a benefit would exceed the Maximum Benefit Payment under the Group Policy; or
- c) a benefit under the Injury or Sickness Benefit or the Unpaid Family Leave has been paid.

#### **INVOLUNTARY UNEMPLOYMENT BENEFIT SCHEDULE:**

1. we will make an initial payment based on your payment mode, equal to one monthly, two semi-monthly, two bi-weekly or four weekly installments; and
2. for each period of 28 days thereafter, if you provide appropriate claim documentation (proof of Employment Insurance or Social Assistance), we will make an additional payment of the Monthly Amount Insured equal to one monthly, two semi-monthly, two bi-weekly or four weekly installments.

3. if, after six payments of the Monthly Amount Insured have been made, you remain involuntarily unemployed on the day that is 182 days from the commencement date of your Involuntary Unemployment and provide appropriate claim documentation (proof of Employment Insurance or Social Assistance), the remaining Line of Credit Balance will be paid subject to the maximum benefit as listed under the What We Pay section above.

**SPECIFIC BENEFIT CONDITIONS:** The Involuntary Unemployment Benefit is paid only if:

1. you suffer Involuntary Unemployment and immediately before your Involuntary Unemployment commenced, you were an Employed Person:

- a) for at least 60 consecutive working days; or
  - b) who does not qualify for Employment Insurance but have been working for the same employer for at least 60 consecutive working days; or
2. your employment was terminated due to Sickness.

The day following your last day of work as indicated on your notification of layoff or termination of employment shall be the date we consider your Involuntary Unemployment to commence, regardless of the effective date of layoff or termination provided in such notification.

You must have become involuntarily unemployed before your 70th birthday to claim for benefits.

**EXCLUSIONS:** We do not pay the Involuntary Unemployment Benefit:

1. for unemployment due to Sickness which resulted directly or indirectly from any of the exclusions listed under the General Exclusions section;
2. if you are a Seasonal Employee;
3. if you became involuntarily unemployed within two business days of the Date Insurance Begins (unless you were insured under the Group Policy immediately prior to the Date Insurance Begins for a previous Personal Line of Credit Agreement); or
4. if you knew that you were about to become involuntarily unemployed when you applied for coverage; or
5. if your Involuntary Unemployment is the direct or indirect result of:
  - a) resignation or retirement from your employment; or
  - b) dismissal from your employment for cause.
6. if a benefit under the Sickness or Injury Benefit or the Unpaid Family Leave has been paid.

**PROOF OF CLAIM (INVOLUNTARY UNEMPLOYMENT):** In addition to the general proof of claim matters addressed in the Making a Claim section of this Certificate of Insurance, the following specific requirements of proof apply.

If you were employed, we will require, in support of your Involuntary Unemployment claim:

1. information from your former employers; and
2. proof that, within 15 days after your Involuntary Unemployment commenced, you registered with the Employment and Social Development Canada (ESDC) to receive employment insurance benefits or proof that you have received the maximum benefits available from the ESDC; and you must stay registered with the ESDC for as long as you are eligible for ESDC benefits. We may require you to provide us with proof of your continuing Involuntary Unemployment as often as reasonably necessary after payment of your Involuntary Unemployment Benefit begins.

#### **INJURY OR SICKNESS BENEFIT**

**WHAT WE PAY:** If you suffer an Injury or Sickness, we will pay the calculated benefit as outlined in the Injury or Sickness Benefit Schedule below, subject to the following limitations: for Injury only, if you suffered a fracture of one or more bones or a fracture of two or more fingers in respect to the same Injury, excluding toes, and such fracture requires fixation, open operation grafting or metallic fixation, OR for Injury or Sickness you were unable to work for 10 consecutive working days, and after being unable to work for 10 consecutive working days and for either Injury or Sickness, upon notice of appropriate claim documentation, the maximum benefit will be the LESSER of the following amounts:

- a) Six payments of the Monthly Amount Insured plus the outstanding Line of Credit Balance after the six payments of the Monthly Amount Insured are paid, up to a maximum of \$2,000; or
- b) The remaining Line of Credit Balance; or
- c) \$4,000.00.

**INJURY OR SICKNESS BENEFIT SCHEDULE:**

1. we will make an initial payment based on your payment mode, equal to one monthly, two semi-monthly, two bi-weekly or four weekly installments;
2. for each period of 30 days thereafter, if you remain unable to work and provide appropriate claim documentation, we will make an additional payment of the Monthly Amount Insured equal to one monthly, two semi-monthly, two bi-weekly or four weekly installments;
3. if, after six payments of the Monthly Amount Insured have been made, you remain unable to work due to Injury or Sickness, the remaining Line of Credit Balance will be paid subject to the maximum benefit listed under the What We Pay section above.

**Recurring Injury or Sickness:** We will consider an Injury or Sickness that recurs within 30 days of a previous Injury or Sickness, and is due to the same cause or causes, to be one continuous benefit period for the Injury or Sickness Benefit excluding the time when you were not injured/sick.

**EXCLUSIONS:** We do not pay the Injury or Sickness Benefit if your Injury or Sickness resulted directly or indirectly from any of the exclusions listed under the General Exclusions section. No benefit is payable if a benefit under the Involuntary Unemployment Benefit or the Unpaid Family Leave has been paid.

**PROOF OF LOSS:** In addition to the general proof of claim matters addressed in the Notice of Claim and Claim Forms, and Proof of Claim sections of this Certificate of Insurance, the following specific requirements of proof apply.

In support of your Injury or Sickness Benefit claim, we will require a written statement from your employer and your Doctor and/or the Hospital where you were treated, in a form satisfactory to us, certifying that you suffered a specified loss described in the Injury or Sickness Benefit Schedule.

We must receive Notice of Claim within 30 days from the date of the Injury or Sickness for which the claim is made and Proof of Claim within 90 days. Failure to give notice of claim or furnish proof of claim within the time prescribed will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than 180 days from the date of the Injury or Sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**CRITICAL ILLNESS BENEFIT**

**WHAT WE PAY:** The Critical Illness Benefit is equal to the LESSER of the following amounts:

1. the Line of Credit Balance on your Date of Diagnosis; or
2. \$15,000.00, which is the maximum amount we pay in the event of your Diagnosis of a Critical Illness.

**SPECIFIC BENEFIT CONDITIONS:**

1. The Critical Illness Benefit will only be paid following the Survival Period.
2. The Critical Illness Benefit will only be paid if, while you are insured for the Critical Illness Benefit, you are Diagnosed with a Critical Illness for the first time in your life and before you attain age 70. We will not pay the Critical Illness Benefit more than once.
3. If we pay the Critical Illness Benefit we will not pay the Death Benefit.

**EXCLUSIONS:** We do not pay the benefit if your Critical Illness resulted directly or indirectly from any of the exclusions listed under the General Exclusions section.

**CRITICAL ILLNESS CONDITIONS:** All Diagnoses of a Critical Illness must be made by a Specialist. The following Critical Illness conditions are covered under the Group Policy:

**Life-Threatening Cancer** means a definite Diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

**Cancer Exclusion:** No benefit will be payable under this condition for the following non-life-threatening cancers:

1. carcinoma in situ; or
2. Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or
3. any non-melanoma skin Cancer that has not metastasized; or
4. Stage A (T1a or T1b) prostate Cancer.

**Cancer Moratorium Period Exclusion:** No benefit will be payable under this condition if within the first 90 days following the Date Insurance Begins you have any of the following:

1. signs, symptoms or investigations, that lead to a Diagnosis of Cancer (covered or excluded under the Group Policy), regardless of when the Diagnosis is made; or
2. a Diagnosis of Cancer (covered or excluded under the Group Policy).

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

1. Heart Attack symptoms;
2. new electrocardiogram (ECG) changes consistent with a Heart Attack; or
3. development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

**Heart Attack Exclusion:** No benefit will be payable under this condition for:

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

**Kidney Failure** means a definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

**Major Organ Transplant** means a definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, for which transplantation must be medically necessary. To qualify under Major Organ Transplant, you must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

**Stroke (Cerebrovascular Accident)** means a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with:

1. acute onset of new neurological symptoms; and
2. new objective neurological deficits on clinical examination, persisting for more than 30 days following the Date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

**Stroke Exclusion:** No benefit will be payable under this condition for:

1. Transient Ischemic Attacks; or
2. Intracerebral vascular events due to trauma; or
3. Lacunar infarcts which do not meet the definition of Stroke as described above.

**CRITICAL ILLNESS BENEFIT LIMITATIONS**

**First Occurrence Clause:** Critical Illness Benefits are not payable if the Critical Illness condition being claimed for is a second or subsequent occurrence of the Critical Illness condition previously Diagnosed at any time prior.

**Special limitations with respect to:**

1. Cancer - In addition to the specifically excluded Cancers, the Critical Illness Benefit for Cancer will not be payable if you had any symptom or medical problem which initiated any investigation leading to the Diagnosis of Cancer within 90 days following the Date Insurance Begins.

If you had any form of cancer prior to the Date Insurance Begins, a subsequent occurrence of cancer will not qualify for payment, even if the location or type of cancer differs from the first occurrence.

2. Heart Attack - The Critical Illness Benefit will not be payable if you suffer a Heart Attack within 90 days following the Date Insurance Begins.

3. Coronary Artery Bypass Surgery - The Critical Illness Benefit will not be payable for Coronary Artery Bypass Surgery occurring after the Date Insurance Begins if you had coronary artery disease prior to the Date Insurance Begins.

4. Stroke - No Critical Illness Benefit will be payable for Stroke occurring after the Date Insurance Begins if you had any form of vascular or coronary heart disease prior to the Date Insurance Begins. Transient Ischemic Attacks (TIAs) are not covered. TIA means a brief focal neurological deficit that resolves without any permanent neurological impairment.

**DEATH BENEFIT (LIFE INSURANCE)**

**WHAT WE PAY:** The Death Benefit is equal to the LESSER of the following amounts:

1. the Line of Credit Balance on the date of your death; or
2. \$15,000.00, which is the maximum amount we pay in the event of death.

**SPECIFIC BENEFIT CONDITIONS:**

1. The Death Benefit will only be paid if you die before you attain age 70.
2. If we pay the Critical Illness Benefit we will not pay the Death Benefit.

**EXCLUSIONS:** We do not pay the benefit if your death resulted directly or indirectly from any of the exclusions listed under the General Exclusions section.

**The following benefits are provided by Canadian Premier General Insurance Company:**

**UNPAID FAMILY LEAVE SUPPORT**

**WHAT WE PAY:** If you are required to take Unpaid Family Leave from your employment, and subject to the appropriate claim documentation being received, we will pay the calculated amount as outlined in the Unpaid Family Leave Support Schedule below.

The maximum Unpaid Family Leave Support is equal to the LESSER of the following amounts:

1. Three payments of the Monthly Amount Insured, up to a maximum of \$2,000; or
2. The remaining Line of Credit Balance.

**UNPAID FAMILY LEAVE SUPPORT SCHEDULE:**

We will make a one-time payment based on your payment mode, equal to three monthly, six semi-monthly, six bi-weekly or twelve weekly installments.

**SPECIFIC UNPAID FAMILY LEAVE SUPPORT**

**CONDITIONS:** The Unpaid Family Leave Support is paid only if:

1. You are required to take Unpaid Family Leave from your employment; and
2. The Unpaid Family Leave commenced after the Date Insurance Begins and while covered for this benefit under the Group Policy.

**EXCLUSIONS:** We do not pay the Unpaid Family Leave Support:

1. For maternity or parental leave; or

2. Where a benefit under the Involuntary Unemployment Benefit or the Injury or Sickness Benefit has been paid.

**PROOF OF CLAIM:** In addition to the general proof of claim matters addressed in the Notice of Claim and Claim Forms, and Proof of Claim sections of this Certificate of Insurance, the following specific requirements of proof apply.

In support of your Unpaid Family Leave Support claim, we will require a written statement from your employer, in a form satisfactory to us.

#### **LIFETIME MILESTONE SUPPORT**

**WHAT WE PAY:** If a Lifetime Milestone occurs, and subject to the appropriate claim documentation being received, we will pay the calculated amount as outlined in the Lifetime Milestone Support Schedule below.

The maximum Lifetime Milestone Support is equal to the LESSER of the following amounts:

1. Three payments of the Monthly Amount Insured, up to a maximum of \$2,000; or
2. The remaining Line of Credit Balance.

#### **LIFETIME MILESTONE SUPPORT SCHEDULE:**

We will make a one-time payment based on your payment mode, equal to three monthly, six semi-monthly, six bi-weekly or twelve weekly installments.

#### **SPECIFIC LIFETIME MILESTONE SUPPORT**

**CONDITIONS:** The Lifetime Milestone Support is paid only if:

1. A Lifetime Milestone occurs 30 days after the Date Insurance Begins and while covered for this benefit under the Group Policy;
2. You have not reached the age of 70; and
3. You have not been paid for two Lifetime Milestone claims in any 12-month period.

**Recurring Lifetime Milestone:** We will only pay for two Lifetime Milestone claims in any 12-month period, regardless of other Lifetime Milestones being met.

**PROOF OF CLAIM:** In addition to the general proof of claim matters addressed in the Notice of Claim and Claim Forms, and Proof of Claim sections of this Certificate of Insurance, the following specific requirements of proof apply.

In support of your Lifetime Milestone Support claim, we will require satisfactory evidence such as a copy of a marriage certificate, birth certificate or adoption papers, letter from your employer indicating retirement or employment status, real estate purchase agreement or deed of trust, final mortgage loan statement, or diploma or documentation of professional certification/designation.

#### **ADDITIONAL PROVISIONS APPLICABLE TO ALL BENEFITS:**

##### **MAKING A CLAIM**

###### **Beneficiary:**

*This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.*

###### **Notice of Claim and Claim Forms:**

You or someone acting on your behalf must notify us within 30 days of your Involuntary Unemployment, Injury or Sickness, Diagnosis of a Critical Illness, death, Unpaid Family Leave or Lifetime Milestone. You or your representative may notify us by calling our customer service representatives at 1-855-755-2430 or by writing to us at our office:

Premium Services Group Inc.

495 Richmond Street, Suite 300, London, ON N6A 5A9

Any written notice must include the Group Policy number.

We will send you or your representative a claim form and instructions on submitting a claim once we have received verbal or written notification of a claim.

**PROOF OF CLAIM:** You, or someone acting on your behalf, must send us, at the address indicated in the Notice of Claim and Claim Forms section, written proof of your claim within 90 days after your claim event. Proof of claim includes the completed claim form and supporting documentation (which may include a signed authorization form giving us permission to ask your employer, Doctor, Hospital or health care practitioner about your health or employment information) within 90 days of the date we receive proof of your Involuntary Unemployment, Injury or Sickness, Diagnosis of a Critical Illness, death, Unpaid Family Leave or Lifetime Milestone. If we do not receive proof of claim within the specified time, we will only process the claim if you can show reasonable cause for delay. However, we will not extend the deadline beyond one year from the date of the claim event for which benefits are being claimed.

Any cost for the completion of a claim form or any documentation submitted in support of a claim is at your or your representative's expense. Benefits will not be paid if you or your representative refuse to provide a claim form or any documentation or proof we require, or may require, in support of a claim.

**RIGHTS OF EXAMINATION:** In the event of death, we have the right, where allowed by law, to ask for an autopsy.

**TERMINATION OF COVERAGE:** Your coverage under the Group Policy automatically terminates on the earliest of the following dates:

1. The date of your death;
2. Your 70th birthday;
3. The date stated in any written notice of termination sent to your address as it appears in our records;
5. The date that the Personal Line of Credit Agreement terminates;
6. The date the maximum number of benefit payments have been made;
7. The date the maximum benefit amount has been paid;
8. The date we receive your request to cancel coverage;

9. The date the insurance premium payments fall 60 days in arrears, which is comprised of a 30-day late payment period and an additional 30-day grace period; 10. The date the Group Policy ends; or

11. The date we have paid a combined total of \$15,000 in Life or Critical Illness Benefit payments.

If we terminate the Group Policy, written notice of such termination will be mailed to you 31 days in advance of the termination date.

**CANCELLING COVERAGE:** You can cancel your coverage at any time by calling our customer service representatives at 1-855-755-2430 or by writing to us at our office:

Premium Services Group Inc.

495 Richmond Street, Suite 300, London, ON N6A 5A9

**RIGHT TO EXAMINE THIS INSURANCE:** If you provide us notice that you wish to cancel this insurance within 30 days after you receive this Certificate of Insurance, any premiums you have paid will be refunded through a credit to your account. If you provide us notice that you wish to cancel your insurance more than 30 days after receiving this Certificate of Insurance, any premiums you have paid will not be refunded.

#### **OTHER IMPORTANT INFORMATION**

**CONTRACT DETAILS:** The contract of insurance includes the Group Policy, any amendments to the Group Policy and any form of application used for enrollment, such as the Application to Enroll for Optional Credit Protection Insurance. Verbal statements cannot alter your coverage as described in this Certificate of Insurance and your Personal Line of Credit Agreement and such statements are not legally binding.

The Lender and the company may agree from time to time to amend the Group Policy. No amendment is valid unless the authorized representatives of the Lender and the company approve it. You will be given 30 days' prior written notice of an amendment. You will be deemed to have received such notice on the third business day after it is mailed to the primary applicant's address as it appears in our records.

If the Lender or we make any clerical errors in maintaining any records concerning the Group Policy, such errors will not alter or invalidate your coverage or continue coverage that would otherwise be ended for valid reasons.

**PROTECTING YOUR PERSONAL INFORMATION:** At Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company ("Canadian Premier"), we recognize and respect the importance of privacy. When a person applies for coverage, we establish a confidential file that contains their personal information. This file is kept in the offices of Canadian Premier or the offices of an organization authorized by Canadian Premier. You may exercise certain rights of access and rectification with respect to the information in your file by sending a request in writing to Canadian Premier's address listed in this Certificate of Insurance. You and any claimant may request a copy of your application, any written evidence of insurability and the Group Policy (other than confidential commercial information or other information exempted from disclosure by applicable law). We limit access to personal information in your file to Canadian Premier staff or persons authorized by us who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We collect, use and disclose the personal information to process your application and, if your application is approved, provide and administer the financial product(s) applied for, investigate and process claims, and create and maintain records concerning our relationship.

**WAIVER:** If, at any time, we waive any provision of the Group Policy, it does not mean we have waived that provision permanently. No waiver of any provision is binding on us, unless it is in writing and signed by the authorized representatives of the Lender and the company.

**LIMITATION OF ACTION:** 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 (Alberta and B.C.). 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 (Manitoba). 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 Limitations Act, 2002 (Ontario). Otherwise, in Quebec every action must be brought within three years after the date evidence is furnished, and in all other provinces within one year from the date of loss or such longer period as may be required under the law applicable in such province.

**MISSTATEMENT OF AGE:** We will use your true age to determine whether to pay any benefit.

**WHO RECEIVES THE BENEFIT PAYMENTS:** Any benefits payable under the Group Policy will be paid to the Lender unless the Personal Line of Credit Agreement has been paid in full.

**CURRENCY:** Any payments to us or by us will be payable in Canadian currency.

**PROHIBITION AGAINST ASSIGNMENT:** You cannot give your rights and interests with respect to your coverage to anyone else. This is a Certificate of Insurance. To view a copy of the Group Policy, you may request a copy by calling 1-855-755-2430 or in writing to:

Premium Services Group Inc.

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