

Insurance Application and/or Insurance Certificate



Insurer: Industrial Alliance Insurance and Financial Services Inc.

Plan Number 60180		Certificate Number	
LOAN INFORMATION		<input type="checkbox"/> PURCHASE <input type="checkbox"/> LEASE <input type="checkbox"/> BUYBACK LOAN	
Date Insurance Begins (DD/MM/YYYY)	Term of Insurance (in months) and expiry date of coverage (DD/MM/YYYY)		
Life MONTHS DD /MM /YYYY	Critical Illness MONTHS DD /MM /YYYY	Disability MONTHS DD /MM /YYYY	
Term of Loan (in months)	Internal Use Only	Monthly instalment without insurance \$	Total amount of the loan insured \$
Residual (if applicable) \$			
DEBTOR INFORMATION (one person only)			
First Last Name	Phone number	Date of birth (DD/MM/YYYY)	Sex
Street	City	Province	Postal code
Internal Use Only			
CO-DEBTOR INFORMATION (you may be insured even if Debtor is not insured)			
First Last Name	Phone number	Date of birth (DD/MM/YYYY)	Sex
Street	City	Province	Postal code
Internal Use Only			
CREDITOR OR FINANCIAL INSTITUTION			
Name	Street	City	Province
		Postal code	
Retailer Name (Group Policyholder)			
TYPE OF INSURANCE			
Life Insurance †		Insurance Premium	
Eligible Plan and Coverage Maximum : \$1,000,000 for ages 18 to 59 - 120 months Eligible Plan and Coverage Maximum : \$250,000 for ages 60 to 70 - 120 months <input type="checkbox"/> Debtor only <input type="checkbox"/> Co-Debtor only <input type="checkbox"/> Joint <input type="checkbox"/> Residual not insured		Initial Principal (decreasing insurance) \$	\$
		Residual Insured (level insurance) \$	minimum per insured \$75
Critical Illness † Insurance		Insurance Premium	
Eligible Plan and Coverage Maximum : \$250,000 for ages 18 to 59 - 120 months Eligible Plan and Coverage Maximum : \$150,000 for ages 60 to 70 - 84 months <input type="checkbox"/> Debtor only <input type="checkbox"/> Co-Debtor only <input type="checkbox"/> Joint <input type="checkbox"/> Residual not insured		Initial Principal (decreasing insurance) \$	\$
		Residual Insured (level insurance) \$	minimum per insured \$75
Disability Insurance †		Insurance Premium	
Eligible Plan and Coverage Maximum : \$5,000/month for ages 18 to 59 - 120 months Eligible Plan and Coverage Maximum : \$5,000/month for ages 60 to 64 - 84 months and Seasonal Worker <input type="checkbox"/> Debtor only <input type="checkbox"/> Co-Debtor only <input type="checkbox"/> Joint		Monthly Amount (including insurance, applicable fees and taxes) \$	\$
Waiting Period - maximum number of Monthly Benefit payments <input type="checkbox"/> 30 days Elimination - Duration of coverage <input type="checkbox"/> 60 days Elimination - Duration of coverage <input type="checkbox"/> 60 days Elimination - 24 months			minimum per insured \$75
Debtor's and/or Co-Debtor's initials		Sales Tax (if applicable) \$	
		Total Insurance Premium \$	

† **HEALTH QUESTIONNAIRE**

To be completed by the Applicant(s) only if: For Life and Critical Illness Insurance, the Insurance Amount exceeds \$200,000 (ages 18 to 59) or if the Insurance Amount exceeds \$150,000 (ages 60 to 70); for Disability Insurance, the Monthly Amount exceeds \$3,500 (ages 18 to 59) or if the Monthly Amount exceeds \$1,800 (ages 60 to 64). Please read the questions carefully and check your response of either «Yes» or «No» to each question. If you respond «Yes» to any of these questions or if the Insurance Amount for Life or Critical Illness exceeds \$300,000; this Application will be underwritten prior to approving your Application. Please note that no insurance will come into force when a health questionnaire is required, until we have evaluated and approved your Application.

TO BE READ AND SIGNED BY THE DEBTOR AND CO-DEBTOR

- I understand that:
- I am eligible to apply for Life, Accidental Dismemberment, Disability and Critical Illness Insurance under the present Certificate only if:
 - I am a Canadian resident, and
 - I am the Borrower, the Co-Borrower, the Guarantor, the Bondsman, the Endorser or I am the Proprietor of the Company that holds the loan; and
 - I hold a loan for which the maximum admissible term does not exceed 240 months;
 - In all cases, the Life, Accidental Dismemberment and Critical Illness Insurance does not extend beyond my 75th birthday;
 - In all cases, the Disability Insurance does not extend beyond my 70th birthday.
 - I am eligible to apply for Disability and Critical Illness Insurance under the present Certificate only if at the Date Insurance Begins:
 - I am actively working for wages or profit, for 25 hours a week or more, for a minimum of 40 weeks per year (also applicable to self employed individuals who have an annual business income after operating costs of at least \$9,000); or
 - I am gainfully employed as a Seasonal Worker and have been so employed for 11 consecutive weeks, for 25 hours a week or more during the 12-month period immediately prior to the Date Insurance Begins, or I have contributed to the Employment Insurance Account and I have worked for the required number of hours (based on location and regional unemployment rate); and I am currently able to perform the regular duties of my occupation.
 - The Date Insurance Begins is the later of: the date my Loan is disbursed or the date Industrial Alliance Insurance and Financial Services Inc. approves my Insurance Application.
 - Under the program, benefits are payable solely to the Creditor to reduce or repay the Loan.
 - Disability Insurance does not provide benefits for Balloon Amounts or payments of Residual Value.
 - Critical Illness refers to one of the following conditions: Life-Threatening Cancer - Heart Attack - Stroke - Coronary Bypass Surgery - Kidney Failure (End-Stage Renal Disease) - Major Organ Transplant - Severe Burns - Multiple Sclerosis - Paralysis as defined in the Certificate.
 - Definitions and details about claims, other excluded risks, termination and benefits are explained on the subsequent pages of this Application.
 - The Insurance payable under this Certificate is subject to all terms and conditions including Excluded Risks, as described in this Certificate.
 - The Group Policyholder will receive an expense allowance in respect of this transaction and there is no obligation for me to transact this or any other business with the Insurer.

Pre-existing condition (Life, Disability and Critical Illness) - Please be aware this Certificate excludes coverage for certain Pre-existing Conditions. We urge you to review the definitions of Pre-existing Condition provided on page 2 - Section 2 for Life and Disability Insurance and on page 3 - Section 5 for Critical Illness. For questions regarding Pre-existing Conditions, eligibility and excluded risks, call 1 800 761-4655.

Excluded risks - I hereby acknowledge having read the Excluded Risks outlined on page 2 - Section 2 for Life, Disability and Accidental Dismemberment Insurance and on page 3 - Section 5 for Critical Illness Insurance.

Application - I apply for Insurance under this Certificate for a term not greater than that of my Loan. I confirm that the information given above is correct and understand that any incorrect answers or misrepresentation may render this Certificate void. The Insurance Application and any other forms submitted by me in connection with this Insurance form part of the Certificate issued hereunder. I understand that if my Application is not accepted, the Insurer's liability is limited to a refund of premium.

Authorization - I HAVE BEEN ADVISED TO READ THIS CERTIFICATE IN FULL (PAGES 1-3) AND UNDERSTAND THAT THE COVERAGE IS VOLUNTARY. I HAVE READ AND I UNDERSTAND AND AGREE WITH THE CONTENTS OF THE SECTION ENTITLED "PROTECTING YOUR PERSONAL INFORMATION" ON PAGE 2 AND CONSENT TO USE AND DISCLOSURE OF MY PERSONAL INFORMATION. I authorize the Insurer, any healthcare or rehabilitation provider, other insurance or reinsurance companies, any person having knowledge of me or my health, and service providers working with the Insurer to exchange information, when relevant and necessary for the purposes of processing my Application, administering any insurance extended hereunder, and assessing any claims; and the Insurer to exchange information with the creditor when relevant for the purpose of administering any insurance extended hereunder. I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original.

Actively at work - I confirm that I am eligible for Disability and Critical Illness Insurance and that I am actively at work on the Date Insurance Begins.
 I am aware of the 20 Day Free Look on page 3.
 I require that the contract herein and any other related documentation to be drawn up in English. Je demande que le présent contrat et les documents qui s'y rattachent soient rédigés en anglais.

I UNDERSTAND THAT ANY CLAIMS ARISING FROM, OR CAUSED OR CONTRIBUTED TO BY PRE-EXISTING CONDITIONS, AS DESCRIBED ON PAGE 2, SECTION 2 AND PAGE 3, SECTION 5, WILL NOT BE COVERED IF THE EVENT CLAIMED FOR OCCURS WITHIN 24 MONTHS OF THE DATE INSURANCE BEGINS.

FOR QUEBEC RESIDENTS ONLY: **Distribution Guide** - I hereby acknowledge having received the Distribution Guide.

Signature of the Debtor _____ Signature of the Co-Debtor _____ Date _____

LANGUAGE (choose the language)	
F <input type="checkbox"/>	E <input type="checkbox"/>

72-434 LASER LTR (10-2017)

Insurance Application and/or Insurance Certificate

(Under Plan 60180)

Quebec:

Eligibility: 1 800 761-4655
Claims: 1 800 549-7227
Fax (claims): 1 604 733-9519
Cancellations: 1 855 766-8239
Email (canc.): iavagcancellation@ia.ca
Fax (cancellations): 450 671-2525
Customer Service: 1 877 671-9009

**INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.**
P.O. Box 5900
Vancouver (British Columbia) V6B 5H6

Outside of Quebec:

Eligibility: 1 800 761-4655
Claims: 1 800 549-7227
Fax (claims): 1 604 733-9519
Cancellations: 1 800 663-9498
Email (canc.): saladmin@ia.ca
Fax (cancellations): 1 604 734-4978
Customer Service: 1 800 663-9498

"We", "us" or "our" means Industrial Alliance Insurance and Financial Services Inc. ("the Insurer"). "You" or "your" means the Insured or Applicant. Words used in this Certificate that have an initial capital letter have the defined meaning or value as set out below or on page 1 of this Certificate. All of the terms governing coverage are set out in this Certificate. In consideration of our receipt of the applicable Total Insurance Premium (and if applicable, upon our approval), we insure you for only the Insurance detailed in your Certificate. If there is no Premium indicated or the Premium is zero, then you are not insured for that type of Insurance. Any amounts payable under this Certificate will be paid to the Creditor, or Financial Institution if named, to reduce your financial obligation under the Loan. Your Certificate is not assignable.

SECTION 1

(Applies to Life Insurance, Disability Insurance, Critical Illness Insurance and Accidental Dismemberment Insurance)

Definitions.

- "Applicant" means the Debtor and/or Co-Debtor named on this Application, that:
 - are debtor(s) under the Loan, and
 - satisfy the eligibility requirements, and
 - are subject to the Health Questionnaire, and
 - have paid the applicable Premium for the coverage selected on the Application.Upon approval of coverage, the Applicant becomes the Insured.
- "Balloon Amount" means a lump sum payment due at the end of the term of your Loan.
- "Insurance Amount" means the Initial Principal plus the Residual Insured.
- "Insurance Certificate" or "Certificate" means this Application, the Health Questionnaire (if applicable) plus any additional documents regarding your coverage issued to you by the Insurer and forms your contract of insurance.
- "Insured" means the Debtor and Co-Debtor named on this Certificate, who are debtor(s) under the Loan, and have selected Insurance and, if applicable, have received the Insurer's written approval of coverage. The Insured must be a natural person, not a partnership, company or association.
- "Joint" means the Debtor and the Co-Debtor.
- "Loan" means the loan or lease issued to you by the Creditor on the Date Insurance Begins, excluding any Loan payments in arrears and any accrued interest thereon.
- "Physician" means a licensed physician or surgeon (M.D.) other than yourself or a family member.
- "Residual Value" means a pre-established value of the vehicle at the end of the lease.
- "Rule of 78" as used with reference to a premium refund, is an industry-standard mathematical formula applied to calculate unearned premium. It is defined as: $((A-B) \times (A-B+1)) / (A \times (A+1))$, where "A" is equal to the Term of Insurance in months and "B" is equal to the months of the Insurance used.
- "Seasonal Worker" means a debtor for which a seasonal job is his/her main occupation in a calendar year, but which, due to its nature and regardless of the type of industry concerned, cannot be year-round. During the period of non-employment, he/she must be able to perform the regular duties of his/her job.

Premium Refund. If your Insurance terminates before the end of the period you selected, a premium refund may be payable in accordance with the following provisions:

- If your Application is declined, or you are determined to have been ineligible for coverage on the Date Insurance Begins, or if your Insurance terminates within 20 days after the Date Insurance Begins, the entire Insurance Premium will be refunded. An administration fee of \$75 will be charged if the 20 day period mentioned above has expired.
- If your Insurance terminates for any reason other than those outlined in a) of this provision, the Insurer will calculate a premium refund based on the date of termination provided that your Insurance Certificate and your written request for a refund are received by the Insurer within 30 days of termination. If the request for refund is received more than 30 days after termination, the date of receipt shall be the date used to determine the refund.

The premium refund will NOT be calculated pro-rata but will be calculated by the following formula: (Premium x Rule of 78 x .8), less an administration fee (\$75) and less any claims paid. We will require the request for premium refund to be submitted within 180 days following termination of Insurance. If such a request is received more than 180 days following termination, you may be subject to an additional administration fee. No premium refund will be payable if we pay an indemnity for Life Insurance, Accidental Dismemberment Insurance or Critical Illness Insurance or for amounts of less than five dollars.

If the Insurer receives proof from the Creditor that the Loan has been repaid, the premium refund will be paid directly to you, otherwise the premium refund will be paid to the Creditor to be applied to reduce or repay your Loan.

Coverage Maximum. The Coverage Maximum is governed by the age of the eldest Applicant.
To Claim a Benefit. A claim form must be obtained from the Insurer by calling the toll-free number shown above. The form and documents supporting the claim must be completed and returned to the Insurer in the case of a Death claim, within two years after the date of death; in the case of an Accidental Dismemberment claim, within two years after the date of the loss; in the case of a Disability claim, within 90 days after Total Disability commenced; or in the case of a Critical Illness claim, within two years from the date the Critical Illness was diagnosed. Failure to file initial proof of claim within the time specified or to provide continuing proof of claim when requested by the Insurer may result in benefits not being paid.

Protecting Your Personal Information. We will collect and retain all personal information concerning your insurance and claims. The information will be used for purposes of underwriting, marketing, administration and cancellation of your Certificate and investigation of claims. We will only access your file on a need to know basis and it will be kept at 2165 West Broadway, Vancouver, BC, V6B 5H6. It can be reviewed and/or rectified by written request. IA Financial Group, its affiliates and their agents may use and share your personal information with each other so that you can benefit from personalized offers and improved products and services. If you do not wish your information to be shared within the IA Financial Group, please contact the Insurer.

SECTION 2

(Applies to Life Insurance, Disability Insurance and Accidental Dismemberment Insurance)

Definitions.

- "Injury" means accidental bodily injury which occurs while you are insured under this Certificate with respect to the Loan and which independently of any other cause, causes Total Disability.
- "Pre-existing Condition" means any physical or medical condition, illness, or disease suffered by an insured person for which the person received medical treatment, consultation, care or service including diagnostic tests, drugs and medication within the 12-month period prior to the Date Insurance Begins, unless the person has remained free of medical treatment, consultation, care or service including diagnostic tests and has not taken drugs or medications for such condition(s) for a period of 12 consecutive months following the Date Insurance Begins.
- "Sickness" means illness or disease which manifests itself for the first time while you are insured under this Certificate with respect to the Loan.

Excluded Risks. No benefits are payable if Death, Total Disability or Accidental Dismemberment results:

- From a Pre-existing Condition. This exclusion only applies if the event claimed for occurs within 24 months of the Date Insurance Begins.
- In case of Life Insurance only, from suicide within 2 years after the Date Insurance Begins.
- In case of Disability Insurance or Accidental Dismemberment, from attempted suicide or self-inflicted injury.

- From or while committing or attempting to commit an assault or criminal offence including but not limited to your operation of any motor vehicle with a blood-alcohol level exceeding 80 mg of alcohol per 100 ml of blood and/or with the presence of any illicit substance in the blood.
- In the case of Disability Insurance only, from uncomplicated pregnancy or childbirth.
- In the case of Disability Insurance only, from cosmetic or elective surgery.
- From war, whether declared or not, insurrection, rebellion or participation in a riot or civil commotion.
- In the case of Disability Insurance only, from drug or alcohol use unless maintaining satisfactory participation in a rehabilitation program approved and monitored by a Physician.
- From travelling or flying in, or descending from any kind of aircraft, except as a passenger with no duties whatsoever on an aircraft being solely used for the transportation of passengers or of passengers and cargo.

Date Insurance Terminates. Your Insurance will terminate on the earliest of the following dates:

- The date the Loan is rewritten, refinanced, called due by the Creditor, or is otherwise discharged (the Insurer reserves the right not to terminate this Insurance for minor modifications if it accepts them beforehand);
- The date the security for the Loan is repossessed, sold or becomes the subject of a court judgement;
- The date your Loan payments are 90 days in arrears for payments other than payments covered by valid or pending claim insured under this Plan;
- The date the Term of Insurance that you selected expires;
- The date the Life Insurance Benefit or Accidental Dismemberment Insurance Benefit becomes payable under this Plan;
- The date your coverage has been in force for 120 months;
- The date the Insurer receives a written request by you that your Insurance be cancelled;
- In the case of Disability Insurance only, the date you retire from gainful employment;
- In the case of Disability Insurance only, the date immediately preceding the date on which a Balloon Amount or a payment of Residual Value becomes due;
- In the case of Life and Accidental Dismemberment Insurance only, the date of your 75th birthday;
- In the case of Disability Insurance only, the date of your 70th birthday.

Accidental Dismemberment Insurance. The Insurer will pay a benefit to the Creditor upon receipt of proof satisfactory to the Insurer that you have suffered a Loss as outlined in this Section and that such Loss:

- Resulted from an injury and was independent of any other causes; and
- Occurred within 365 days of the Injury and while your Accidental Dismemberment Insurance was in force; and
- Did not result from an Excluded Risk (Refer to Section 2); and
- Did not result in your death.

Loss
Both Hands or Both Feet
Sight of Both Eyes

Benefit
The Principal Sum
The Principal Sum

If you sustain more than one Loss as a result of any one Injury, the maximum payable for all such Losses will be the Principal Sum.

Loss of Hand means complete severance at or above the wrist.

Loss of Foot means complete severance at or above the ankle joint.

Loss of Sight means total, irrevocable, entire loss of sight for both eyes.

Principal Sum means the lesser of:

- Your Loan balance, including all Insurance Premium, at the date the Loss occurred as advised by the Creditor, less any payments in arrears and any accrued interest thereon;
- In the case of a lease, the present value of your outstanding lease payments including the Insurance Premium and any Residual Value stated in your Insurance Application provided the appropriate premium has been paid;
- The Coverage Maximum amount.

Where the Debtor and Co-Debtor are both insured with respect to the same Loan, the Principal Sum is payable no more than once.

In no event will the Accidental Dismemberment Insurance benefit cover the Loan payments in arrears or any accrued interest thereon.

SECTION 3 (Life Insurance)

The Insurer will pay a Life Insurance benefit to the Creditor upon receipt of satisfactory proof that death occurred while the Insurance was in force and did not result from one or more of the Excluded Risks (Refer to Section 2). Where the Debtor and Co-Debtor are both insured with respect to the same Loan, no more than one Life Insurance benefit is payable. The amount of the Life Insurance benefit will be the lesser of:

- Your Loan balance, including all Insurance Premium, at the date of death as advised by the Creditor, less any payments in arrears;
- In the case of a lease, the present value of your outstanding lease payments including the Insurance Premium and any Residual Value stated in your Insurance Application provided the appropriate Premium has been paid; or
- The Coverage Maximum amount.

In no event will the Life Insurance benefit cover the Loan payments in arrears or any accrued interest thereon.

Life Insurance benefit payable under this Certificate and any other group insurance certificates issued by us to you will not exceed \$1,000,000. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.

SECTION 4 (Disability Insurance)

The Insurer will pay a Monthly Benefit to the Creditor upon receipt of satisfactory proof if:

- You are Totally Disabled as defined;
- Your Total Disability began while your Disability Insurance was in force and continued throughout the Waiting Period;
- Your Total Disability did not result from one or more of the Excluded Risks (Refer to Section 2); and
- The Insurer receives satisfactory proof of claim within the 90 days after Total Disability commenced.

Definition of Total Disability.

- During the Waiting Period and for the next 12 months, you will be considered Totally Disabled if, solely because of Sickness or Injury, you are unable to perform the essential duties of your own occupation and you are not employed in any other gainful occupation, and are under the regular care and attendance of a Physician.
- After the First 12 months, you will be considered Totally Disabled if, because of Sickness or Injury, you are unable to work at any occupation for which you are, or may reasonably become, fitted by education, training or experience, and you are not employed in any other gainful occupation and are under the regular care and attendance of a Physician. Lack of work in the field in which you have training, education or experience does not automatically classify you as Totally Disabled or entitle you to Monthly Benefits.

Certificate No.

3. If your Total Disability is caused or contributed to by:
- (a) mental, nervous or psychiatric condition or disorder, after a Benefit Period of three months, payments will only be made if you are regularly attending a licensed Specialist such as a psychiatrist, a psychologist or a neurologist and the Benefit Period will never exceed (6) months per claim.
 - (b) disease or disorder of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a Benefit Period of two months, payments will only be made if you are under the care of licensed Specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and the Benefit Period will never exceed (6) months per claim.

The Benefit Period.

The coverage provided in the "Elimination" Plan begins on the date following the end of the Waiting Period and continues until the date your Total Disability ceases.

Notwithstanding the above, your Disability Insurance benefits will cease on the earliest of the following dates:

1. The date on which all scheduled Loan payments have been made excluding any arrears and any accrued interest thereon;
2. The date the Insurer asks for proof that you are still Totally Disabled and such proof is not provided within 31 days;
3. The date the Insurer asks you to be examined by a Physician or other practitioner named by the Insurer and you do not submit to such an examination;
4. The date the Insurer receives a written request by you that your Insurance be cancelled;
5. The date the maximum number of Monthly Benefit payments as shown in your Insurance Application have been made;
6. The date on which you are no longer considered Totally Disabled;
7. The date on which you have resumed actively working for wages or profit;
8. The date on which the Insurance terminates as specified on page 1 in the section "Loan Information".

The amount of Monthly Benefit. For each full month that falls within the Benefit Period, the amount payable will be the lesser of:

1. The Monthly Amount, including all Insurance Premium, shown in your Insurance Application;
2. The scheduled monthly amount due and payable to the Creditor but excluding any Balloon Amounts or any payments of Residual Value; or
3. The Coverage Maximum amount.

Where Joint Disability Insurance is in force, any Monthly Benefits payable will not exceed the scheduled monthly amount due and payable to the Creditor.

Any benefit payment that covers a period of less than 30 days will be made at a daily rate of one-thirtieth of the Monthly Benefit. Benefit payments to your Creditor are made monthly for each Loan repayment date that falls during the Benefit Period. No benefits will be paid with respect to Loan payments in arrears or any accrued interest thereon.

The Waiting Period. This is indicated on page 1 of this form and means the number of consecutive days following the date your Total Disability starts and before Monthly Benefits become payable. The Waiting Period is waived for periods of Recurrent Total Disability.

Recurrent Total Disability. This means Total Disability which:

1. Recurs within 21 days after your recovery from a previous period of Total Disability for which you received Monthly Benefits; and
2. Is due to the same or related causes as the previous period of Total Disability; and
3. Continues for at least 7 consecutive days.

**SECTION 5
(Critical Illness Insurance)**

Definitions.

1. "Critical Illness" refers to one of the following conditions, as diagnosed by a Physician in Canada:
 - A) Life-Threatening Cancer - A tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. No benefit shall be payable if diagnosed within 90 days from the Date Insurance Begins. Life-Threatening Cancer excludes:
 - a) Carcinoma in situ,
 - b) Malignant melanoma to a depth of 0.75 mm or less, and any skin cancer that has not spread beyond the deepest layer of the skin,
 - c) Chronic lymphocytic leukemia,
 - d) Stage A prostate cancer,
 - e) Kaposi's sarcoma.
 - B) Heart Attack - Necrosis of a portion of the heart muscle as a result of inadequate blood supply as evidenced by both of the following:
 - a) New electrocardiographic changes indicative of a myocardial infarction, and
 - b) The elevation of cardiac enzymes.
 An incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event, is not covered.
 - C) Stroke - A cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by thrombosis, hemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit. Transient Ischemic Attacks (TIA) are specifically excluded.
 - D) Coronary Bypass Surgery - The undergoing of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, excluding any non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.
 - E) Kidney Failure (End-Stage Renal Disease) - End-stage renal disease presenting as chronic, irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

- F) Major Organ Transplant - The actual undergoing as a recipient of a transplant of a heart, both lungs, liver, both kidneys, pancreas or bone marrow. Coverage is limited to these entities.
 - G) Severe Burns - Third degree burns over at least 20% of the body surface.
 - H) Multiple Sclerosis - An unequivocal diagnosis of definite Multiple Sclerosis, characterized by well defined neurological abnormalities persisting for a continuous period of at least 6 months and with 2 separate clinically documented episodes. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment.
 - I) Paralysis - The complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.
2. "Pre-existing Condition" means any physical or medical condition, illness, or disease, including drug or alcohol abuse, suffered by you for which medical treatment, consultation, care or service including diagnostic tests, drugs and medication was received in the period preceding the Date Insurance Begins.

The Qualifying Period. The Qualifying period is the number of days you must survive once a Critical Illness is diagnosed in order for a benefit under this provision to be payable. The Qualifying Period is usually 30 days, unless a longer period is specified in the definition of the corresponding Critical Illness.

Excluded Risks. No benefits are payable if Critical Illness results from:

1. A Pre-existing Condition. This exclusion only applies if the event claimed for occurs within 24 months of the Date Insurance Begins.
 2. Self-inflicted injury.
 3. Use of any illegal or illicit drugs or substances, or misuse of medication obtained with or without a prescription.
 4. Operating any motorized vehicle with a blood-alcohol level exceeding 80 mg of alcohol per 100 ml of blood.
 5. Participation in a criminal act or attempt to commit a criminal offence.
- Date Insurance Terminates.** Your Insurance will terminate on the earliest of the following dates:
1. The date the Loan is rewritten, refinanced, called due by the creditor, or is otherwise discharged (the Insurer reserves the right not to terminate this Insurance for minor modifications if it accepts them beforehand);
 2. The date the security for the Loan is repossessed, sold or becomes the subject of a court judgment;
 3. The date your Loan payments are 90 days in arrears for payments other than payments covered by valid or pending claim insured under this Plan;
 4. The date the Term of Insurance that you selected expires;
 5. The date the Critical Illness Insurance benefit or Accidental Dismemberment Insurance benefit is due under this Plan;
 6. The date your coverage has been in force for 120 months;
 7. The date the Insurer receives a written request by you that your Insurance be cancelled;
 8. The date a Balloon Amount or a payment of Residual Value become due;
 9. The date of your 75th birthday.

The Insurer will pay a Critical Illness Insurance benefit to the Creditor upon receipt of satisfactory proof that a Critical Illness occurred and was first diagnosed while the Insurance was in force and did not result from one or more of the Excluded Risks (Refer to Section 5). Critical Illness Insurance benefit payable under this Certificate and any other group insurance certificates issued by us to you will not exceed \$500,000. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with the other group insurance certificates. Where the Debtor and Co-Debtor are both insured with respect to the same Loan, no more than one Critical Illness Insurance benefit is payable. The amount of the Critical Illness Insurance benefit will be the lesser of:

1. Your Loan balance on the date the Critical Illness is diagnosed as advised by the Creditor, less any payments in arrears;
 2. In the case of a lease, the present value of your outstanding lease payments including any Residual Value as stated in your Insurance Application provided the appropriate Premium has been paid; or
 3. The Coverage Maximum before the Insurance Premium is added.
- In no event will the Critical Illness Insurance benefit cover the Loan payments in arrears or any accrued interest thereon.

INSURER'S CONTACT INFORMATION

P.O. Box 5900, Vancouver, B.C., V6B 5H6
 Administration: 1-800-665-4458 (Tel) 1-888-444-0697 (Fax)
 Claims: 1-800-549-7227 (Tel) 1 (604) 733-9519 (Fax)

For procedures on how to file a complaint, please visit: www.iasal.ca/complaints

20 DAY FREE LOOK

You have twenty days after you sign this Certificate to decide if you still want the coverage. If you do not, return it to the Insurer or to the Retailer from whom you bought it. We will cancel your coverage from the Date Insurance Begins and will refund any premium paid jointly to you and/or to the Creditor named in this Certificate.

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* or other applicable legislation.

I understand that the Insurance payable under this Certificate is subject to the eligibility requirements, general terms, conditions and excluded risks described in this Certificate and that **PRE-EXISTING HEALTH CONDITIONS WILL NOT BE COVERED IF THE EVENT CLAIMED FOR OCCURS WITHIN 24 MONTHS OF THE DATE INSURANCE BEGINS.**

IMPORTANT - I acknowledge that I have received and read the description of the coverages that appear on this 3 page Certificate and hereby accept these provisions. I acknowledge that where there is no Premium indicated, I am not insured for that type of coverage.

X DEBTOR _____ **X** CO-DEBTOR _____ Certificate No. _____
 DATE (DD/MM/YYYY) _____ DATE (DD/MM/YYYY) _____