

**SINGLE PREMIUM CREDITOR'S
INSURANCE DISTRIBUTION GUIDE**

POLICY NUMBER 85275779

Co-operators Life Insurance Company

SINGLE PREMIUM CREDITOR INSURANCE DISTRIBUTION GUIDE

Name of Insurance Product

Single Premium Creditor Insurance

Type of Insurance Product

Creditor Group Insurance

Life, Critical Illness, Disability or Loss of Employment Insurance for Your Loans and Leases

Name and Address of the Insurer:

Co-operators Life Insurance Company (the “Insurer” or “We”)

1920 College Avenue,
Regina, Saskatchewan S4P 1C4

Name and Address of the Dealership (to be included by each dealership in the form of a sticker, address stamp, handwritten or electronic):

Name:

Address:

Telephone Number:

Fax Number:

Responsibility of the *Autorité des marchés financiers*

The *Autorité des marchés financiers* does not express an opinion on the quality of the product offered in this Single Premium Credit Distribution Guide. The Insurer alone is responsible for any discrepancies between the wording of the Distribution Guide and the Policy.

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I. DEFINITIONS

The following definitions apply to the Single Premium Creditor's Group Insurance and are capitalized throughout this distribution guide for Your ease of reference.

Accelerated Death Benefit:	Means if You are Diagnosed with a Terminal Illness by a licensed physician We consider appropriate to make such a Diagnosis, and Your remaining life expectancy is 12 months or less, We will pay the Outstanding Balance of Your Insured Loan or Lease plus Accrued Interest, as determined by the Creditor, as well as Settlement Interest.
Actively At Work:	Means You were working at any occupation for pay and were capable of carrying out the substantial and material duties of that occupation for at least 20 hours per week for each of two consecutive weeks.
Accrued Interest:	Means the interest owing on the Outstanding Balance of Your Insured Loan or Lease from the date of the last payment, as determined by the Creditor, to the date of Your death or the date You are Diagnosed with a Critical Illness or Terminal Illness, depending on the insurance benefit payable.
Appropriate Medical Care:	Means, for the purposes of Total Disability, You are undergoing available medical treatment including, but not limited to: <ul style="list-style-type: none">• 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.
Borrower:	Means a person or persons who have applied for and obtained a Loan or Lease from the Creditor.

Cancer:	<p>Means a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue.</p> <p>The term Cancer includes:</p> <ul style="list-style-type: none"> • Leukemia; • Lymphoma; • Hodgkin’s disease; and • Metastatic tumours. <p style="text-align: center;">CAUTION</p> <p>The following Cancers are excluded from coverage under this insurance:</p> <ul style="list-style-type: none"> • All tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential, or non-invasive; • Any lesion described as carcinoma in-situ; • Cervical dysplasia or intra-epithelial Neoplasia (CIN); • Prostatic Intra-epithelial Neoplasia (PIN); • Any form of Cancer in the presence of HIV infection, including but not limited to lymphoma or Kaposi’s sarcoma; • Thin Melanomas with pathology report showing Clark’s Level less than III or Breslow thickness less than 1.5 mm; • All non-melanoma skin Cancers; • Micro-carcinoma of the thyroid less than 1 cm in diameter.
Creditor:	Means any authorized financial institution to which Your Loan or Lease is assigned, as shown on Your Insurance Enrolment.
Critical Illness:	Means a Heart Attack, Cancer or Stroke that first manifests itself after the Effective Date of Insurance and before the insurance terminates.
Diagnosis:	Means a definitive written Diagnosis of a medical condition made by a licensed physician qualified to make that diagnosis.
Effective Date of Insurance:	Means the date on which Your insurance begins, as shown on Your Insurance Enrolment, provided You meet the eligibility requirements.

Elimination Period:	<p>Means for Disability Insurance the number of consecutive days stated in the Insurance Enrolment which must expire immediately following the date of Total Disability before disability benefits become payable.</p> <p>Means for Loss of Employment Insurance the number of consecutive days stated in the Insurance Enrolment which must expire immediately following the <u>later</u> of: 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 before Loss of Employment benefits become payable.</p> <p>If the elimination period is shown as “non-retroactive” on Your Insurance Enrolment, We will start paying benefits as of the expiry of the elimination period.</p> <p>If the elimination period is shown as “retroactive” on Your Insurance Enrolment, We will pay benefits retroactively from the start of Your Total Disability.</p>
Employed and Employment:	Means working for an employer who pays You wages or a salary. Employed does not include being Self-Employed.
Expiration Date:	Means the last day of the term of Life, Critical Illness, Loss of Employment or Disability Insurance in months as specified on the Insurance Enrolment.
Automatic Approval Maximum Amount	Means the maximum amount up to which We will automatically approve the insurance coverage without supplemental health questions, as long as You meet all other eligibility requirements when You complete Your Insurance Enrolment.
Group Policy:	Means the creditor’s group insurance policy issued by Co-operators Life to the Group Policyholder which makes life insurance, disability insurance, Critical Illness insurance and/or loss of employment insurance available to all eligible individuals who choose to enrol.
Group Policyholder:	Means the “Group Policyholder” specified on Your Insurance Enrolment.
Health Care Practitioner:	Means a person lawfully entitled to provide insured health services, as defined under the <i>Canada Health Act</i> .
Heart Attack:	Means the death of a portion of the heart muscle, resulting from the blockage of adequate blood supply as evidenced by new electrocardiographic changes which support the Diagnosis of a Heart Attack and by elevation of cardiac enzymes, typical chest pain, cardiac troponins and any other cardiac biological markers.
Insurance Enrolment:	Means the form completed and signed by You to enrol for one or more types of insurance under the Group Policy.
Insured:	Means an individual, including You, who has enrolled and has met all eligibility requirements for one or more types of insurance under the Group Policy.

Insured Loan or Lease:	Means the total amount financed shown on Your Insurance Enrolment that is insured. This amount includes the Single Premium if added to the balance of Your Loan or Lease. If You paid the Single Premium in cash, that amount will not be included in Your Insured Loan or Lease.
Insurer:	Means Co-operators Life Insurance Company of Regina, Saskatchewan.
Involuntary Loss of Employment:	Means Your Employment has ceased directly and solely as a result of: <ul style="list-style-type: none"> • a complete and permanent severance of Your Employment without cause; or • a Layoff by Your employer.
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.
Lease:	Means a contract between You and the Creditor for the use of a vehicle or other equipment, subject to stated terms and limitations, for a specified period and at a specified payment.
Loan:	Means a loan granted to You by the Creditor, over a fixed term as specified in the agreement pertaining to Your loan.
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.
Medical Advice or Treatment:	Means consultation with any licensed physician or registered Health Care Practitioner. This includes, but is not limited to: <ul style="list-style-type: none"> • 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.
Outstanding Balance:	Means the amount determined by the Creditor that You owe on Your Loan, or in the case of a Lease, the present value of Your remaining Lease payments (including any Residual Value or Balloon Payment for which You have taken insurance and paid the required premium).

Pre-Existing Condition:	<p>Means any illness, disease or bodily injury, condition or symptom (regardless of whether or not a Diagnosis has been made) for which You sought or received Medical Advice or Treatment within the 6 months immediately preceding the Effective Date of Insurance for life and disability insurance and within the 12 months immediately preceding the Effective Date of Insurance for Critical Illness insurance.</p> <p style="text-align: center;">CAUTION</p> <p>Please refer to section IV. Exclusions, Limitations or Reduction in Coverage for additional information on specific exclusions related to Pre-Existing Conditions.</p>
Principal Occupation:	Means the occupation from which You derived at least 75 per cent of Your gross pay for the 12 month period immediately preceding the date of Your Total Disability.
Product Guide and Certificate of Insurance:	Means the document which the Creditor provides to the Insured describing the main features of the insurance coverage.
Residual Value / Balloon Payment:	Means a lump sum payment due at the end of the term of Your Lease or Loan as shown on Your Insurance Enrolment.
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. We do not consider You to be a seasonal employee if Your principal occupation is subject to involuntary, periodic work stoppages due to shut-downs or Layoffs.
Self-Employed:	Means working for income derived directly from a business You own, including a trade, occupation, profession, partnership, corporation or other entity in which You have an ownership interest of sufficient magnitude to influence, control or direct Your continuing and future Employment.
Settlement Interest:	Means interest on the Outstanding Balance of Your Insured Loan, 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 or the Diagnosis of Your Critical Illness or Terminal Illness, depending on the insurance benefit payable.
Single Premium:	Means the one-time, lump sum, total premium for all insurance You have chosen, which You pay when You enrol as specified on the Insurance Enrolment.

Stroke:	<p>Means a cerebrovascular incident resulting in irreversible death of brain tissue due to:</p> <ul style="list-style-type: none"> • cerebral haemorrhage; • cerebral embolism; • cerebral thrombosis; or • subarachnoid haemorrhage. <p>This event must result in significant neurological functional impairment that must be present on physical examination by a neurologist at least three (3) months after the event and be permanent with no hope of recovery. This Diagnosis must also be supported by findings on magnetic resonance imaging, computerized tomography or cerebral spinal fluid examination and must be consistent with the Diagnosis of Stroke.</p> <p style="text-align: center;">CAUTION</p> <p>The following are excluded from the coverage under this insurance:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attacks (TIA); • Reversible Ischaemic Neurological Deficit (RIND); • Brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine; • Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina; • Ischaemic disorders of the vestibular system; • Asymptomatic silent stroke found on imaging.
Terminal Illness:	<p>Means Your remaining life expectancy is 12 months or less, as Diagnosed by a licensed physician.</p>

<p>Total Disability:</p>	<p>Means:</p> <p>a) <u>During the first 12 consecutive months from the date You became totally disabled,</u> that You are not able to perform the substantial and material duties of Your Principal Occupation and You are receiving Appropriate Medical Care; and</p> <p>b) <u>After the first 12 consecutive months of Total Disability,</u> that You are not able to perform the duties of <u>any occupation</u> for which You are reasonably qualified by education, training or experience and You are receiving Appropriate Medical Care.</p> <p>At all times, Your Total Disability must be caused by a medically determined sickness, disease or accidental bodily injury for which You are receiving Appropriate Medical Care by a licensed physician We consider appropriate.</p> <p>We will not consider You to be totally disabled if at any time You are working at any occupation for pay or profit. However, in Our sole discretion and judgment, We may permit You to engage in a gradual return to work program or rehabilitative employment while We continue to pay disability insurance benefits.</p> <p>At any time during the process of claiming or paying disability insurance benefits, We may require You to be assessed as We consider appropriate.</p>
<p>Unemployment Compensation:</p>	<p>Means monetary and/or other benefits provided by any applicable federal or provincial employment insurance program or employment assistance program.</p>
<p>We, Us, Our:</p>	<p>Means Co-operators Life Insurance Company of Regina, Saskatchewan, the Insurer.</p>
<p>You, Your:</p>	<p>Mean each individual:</p> <ul style="list-style-type: none"> • who is eligible for insurance under the Policy; • who is named in the Insurance Enrolment and has enrolled for one or more types of insurance under the Policy; • for whom We have received the Single Premium; and • to whom We have issued a Certificate of Insurance.

II. INTRODUCTION

This insurance is designed, upon the death, disability, loss of employment, or Critical Illness of the Borrowers, to pay the balance of their Loan or Lease (for Life or Critical Illness Insurance), or pay monthly payments (for Disability or Loss of Employment Insurance) to the Creditor. The purpose of this Distribution Guide is to describe the insurance product offered to You and to make it easier to understand. It is designed to help You appreciate, on Your own, if this insurance product meets Your needs.

If You are approved for this insurance, the Product Guide and Certificate of Insurance You received confirms the terms, conditions and the amount of Your insurance coverage.

III. DESCRIPTION OF THE PRODUCT OFFERED

A. NATURE OF THE COVERAGE

Life Insurance:

In case of Your death, the insurance will pay off the Outstanding Balance of Your Insured Loan or Lease, up to a maximum of:

- **\$500,000; or**
- **\$200,000 if 60 years of age or older on the date the Insurance Enrolment is signed.**

In case You are Diagnosed with a Terminal Illness, the insurance will pay off the Outstanding Balance of Your Insured Loan or Lease, up to a maximum of:

- **\$500,000; or**
- **\$200,000 if 60 years of age or older on the date the Insurance Enrolment is signed.**

This feature is called an Accelerated Death Benefit.

We will pay the benefit to the Creditor on the day We approve Your claim.

Critical Illness Insurance:

In case You are Diagnosed with a Critical Illness, the insurance will pay off the Outstanding Balance of Your Insured Loan or Lease, up to a maximum of:

- **\$500,000; or**
- **\$200,000 if 60 years of age or older on the date the Insurance Enrolment is signed.**

The Critical Illnesses that are covered by this insurance are:

- Heart Attack
- Cancer
- Stroke

We will pay the benefit to the Creditor on the day We approve Your claim.

Disability Insurance:

In case of Total Disability, the insurance will cover Your monthly payments up to a maximum of **\$4,500 per month** for a maximum period of **120 months**. The maximum benefit payable under this insurance is **\$500,000**.

We will start paying the benefit to the Creditor on the day We approve Your claim.

Loss of Employment Insurance:

In case of Involuntary Loss of Employment, the insurance will cover Your monthly payments up to a maximum of **\$4,500 per month** for a maximum period of **9 months**.

We will start paying the benefit to the Creditor on the day We approve Your claim.

B. BENEFICIARY OF THE INSURANCE

The beneficiary is the entity to whom benefit payments will be paid. We will make benefit payments for all types of insurance to the Creditor.

There are some exclusions and restrictions in the coverage. Please refer to the section entitled “Exclusions, Limitations or Reduction in Coverage” for detailed information.

C. SUMMARY OF SPECIFIC FEATURES

Persons Who May Apply for Insurance

This insurance is designed for the persons who take out a Loan or Lease with the Creditor, alone or jointly with another person.

Life Insurance:

You are eligible for Life Insurance if the Effective Date of Insurance on the Insurance Enrolment is **prior to Your 71st birthday**.

You **will not** qualify for Life Insurance if:

- You have been paid an Accelerated Death Benefit by Co-operators; **or**
- You have made application to Co-operators for an Accelerated Death Benefit.

Critical Illness Insurance:

You are eligible for Critical Illness Insurance on Your Loan or Lease if You meet all the following conditions as of the Effective Date of Insurance:

- You are **18 years of age or older; and**
- You are **under the age of 71**.

You **will not** qualify for Critical Illness Insurance if:

- You have not enrolled for Life Insurance on Your Loan or Lease; **or**
- You have been paid a Critical Illness Insurance benefit under any creditor's group insurance policy or certificate of insurance issued by Us.

Disability Insurance:

You are eligible for Disability Insurance on Your Loan or Lease if You meet all the following conditions as of the Effective Date of Insurance:

- You are **under the age of 65; and**
- You are Actively at Work.

Loss of Employment Insurance:

You are eligible for Loss of Employment Insurance on Your Loan or Lease if You meet all the following conditions at the Effective Date of Insurance **and** on the date of Involuntary Loss of Employment:

- You have Life Insurance;
- You are **18 years of age or older;**
- You are **under the age of 65;**
- You are Employed (except during period of claim under the Policy) for a period of 12 consecutive months;
- You are not a Self-Employed, a Seasonal Employee or an elected government official; **and**
- You have not received personal notification or advice of the impending Loss of Your Employment prior to either the Effective Date of Insurance or the date You completed the Insurance Enrolment, whichever is later.

CAUTION

Disability Insurance and Loss of Employment Insurance are not applicable on a Residual Value or Balloon Payment.

Only Life Insurance and Critical Illness Insurance can be added to on a Residual Value or Balloon Payment

Health Questionnaire

Your insurance is automatically approved and We do not need any additional health information if:

- You are an eligible Borrower;
- Your age at the time You enrol is **less than 66 years; and**
- You have enrolled for insurance coverage based on an amount less than or equal to the Automatic Approval Maximum Amount shown on Your Insurance Enrolment;

We will ask You to answer health and other questions as part of Your Insurance Enrolment if:

- You have enrolled for an amount of insurance coverage that is greater than the Automatic Approval Maximum Amount shown on Your Insurance Enrolment, regardless of Your age at the time You enrol; **or**
- Your age at the time You enrol is greater than 65 years, regardless of the amount of insurance for which You have enrolled.

The Insurance Enrolment, responses to supplementary health questions and other underwriting information received will be subject to review and prior approval by Us before the insurance coverage applied for by You commences.

Insurance Coverage Starts

The insurance coverage starts on the Effective Date of Insurance stated on the Insurance Enrolment form.

Amount of Insurance Benefits

Life and Critical Illness Insurance:

In case of death, Critical Illness or Terminal Illness, We will pay the lesser of the following:

- Your Insured Outstanding Balance on the date of Your death or diagnosis of Critical Illness or Terminal Illness; **or**
- The maximum benefit payable of **\$500,000; or**
- The maximum benefit payable of **\$200,000 if 60 years of age or older on the date the Insurance Enrolment is signed.**

We will also pay accrued interest, as determined by the Group Policyholder, as well as Settlement Interest

If the amount of Insured Loan or Lease stated on Your Insurance Enrolment form is less than the amount of the Loan or Lease, the benefit will be reduced by the proportion of the original Loan or Lease not insured. Any remaining balance on Your Loan or Lease will be due and payable to the Creditor.

Example:

Suppose We cover \$500,000 of Your \$625,000 Loan, or 80%. At the time of Your death, You have \$50,000 remaining on Your Loan. We will pay 80% of that \$50,000, or \$40,000, to the Creditor.

In the event of the simultaneous death of You and the Joint Insured, We will only pay one benefit for the Loan or Lease insured under this insurance.

Disability Insurance

In case of Total Disability, We will pay the lesser of the following:

- Your monthly disability benefit indicated on Your Insurance Enrolment; **or**
- The maximum monthly benefit payable of **\$4,500**.

The monthly benefits are subject to a maximum benefit period of **120 months** and an overall total benefit payable of **\$500,000**.

If more than one Borrower suffers a Total Disability at the same time, the monthly disability benefit will be the same as if only one Borrower had suffered a Total Disability.

For a partial month, the amount of benefit will be equal to 1/30th of the monthly disability benefit stated on the Insurance Enrolment for each day of Total Disability to be compensated.

Total Disability benefit payments will terminate on the earliest of:

- The date You are no longer Totally Disabled;
- The end of the maximum benefit period shown on Your Insurance Enrolment, to a maximum of 120 months;
- The date the cumulative total of all disability insurance benefits We have paid exceeds the maximum cumulative benefit payable shown on Your Insurance Enrolment;
- The date Your Residual Value or Balloon Payment becomes due;
- 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 day in which You turn 68 years of age.

Loss of Employment Insurance

In case of Involuntary Loss of Employment, We will pay the lesser of:

- Your monthly loss of Employment benefit as indicated on Your Insurance Enrolment; **or**
- The maximum monthly benefit payable of **\$4,500**.

The monthly benefits are subject to a maximum benefit period of **9 months**.

If more than one Borrower suffers an Involuntary Loss of Employment at the same time, the monthly loss of Employment benefit will be the same as if only one Borrower had suffered an Involuntary Loss of Employment.

For a partial month, the amount of benefit will be equal to 1/30th of the monthly loss of employment benefit stated on the Insurance Enrolment for each day of an Involuntary Loss of Employment to be compensated.

Involuntary Loss of Employment benefit payments will terminate on the earliest of:

- The date You once again become Employed in any occupation on either a full-time or part-time basis;
- The end of the maximum benefit period shown on Your Insurance Enrolment;
- The date the cumulative total of all loss of Employment insurance benefits We have paid exceeds the maximum cumulative benefit payable shown on Your Insurance Enrolment;
- The date Your Residual Value or Balloon Payment becomes due;
- The date You become confined, as a result of criminal proceedings against You, to a penal institution, government detention facility, hospital or similar institution; **and**
- The day in which You turn **68 years of age**.

Cost of Insurance

The premiums under this insurance are paid by the Creditor to the Insurer. They are computed in accordance with the premium table in effect at the time the insurance is contracted.

The premiums are based on Your Insured Loan or Lease amount (for Life or Critical Illness Insurance) or Your monthly benefit amount (for Total Disability Insurance or Loss of Employment Insurance).

Term of Insurance

The term of insurance is equal to the repayment term of Your Loan or Lease up to a maximum of **120 months**.

Recurrent Disability and Recurrent of Employment

If Your Total Disability (for the same or related disease) recurs within six (6) months after You recover, We will consider this a continuation of the previous Total Disability under the same Certificate of Insurance whether or not You made a claim.

If Your Involuntary Loss of Employment recurs within six (6) months after a previous period of Involuntary Loss of Employment for which We have paid benefits, We will consider this a continuation of Your previous Involuntary Loss of Employment.

Periods of recurrent Total Disability or recurrent Loss of Employment are not subject to the Elimination Period.

Premium Refund

If Your insurance terminates before the Expiration Date, any refund that becomes payable to You will be calculated according to the specific Refund Formula stated on Your Insurance Enrolment.

Rule of 78 Refund Formula

If the refund formula shown on Your Insurance Enrolment states “Rule of 78”, then Your Single Premium refund will be calculated according to “the Rule of 78” formula shown below:

Rule of 78 Refund formula: $\frac{SP * T * (T+1)}{N * (N+1)}$

In the formula above:

- a) “SP” is the Single Premium for Your insurance coverage, less applicable taxes;
- b) “T” is the total number of months remaining in Your original insurance coverage period, rounded up or down to the nearest whole month; and
- c) “N” is the total number of months in Your original insurance coverage period.

Pro-Rata Refund Formula

If the refund formula shown on Your Insurance Enrolment states “Pro Rata”, then Your Single Premium refund will be calculated according to the formula shown below:

Pro-Rata Refund formula: $\frac{SP * T}{N}$

In the formula above:

- a) “SP” is the Single Premium for Your insurance coverage, less applicable taxes;
- b) “T” is the total number of months remaining in Your original insurance coverage period, rounded up or down to the nearest whole month; and
- c) “N” is the total number of months in Your original insurance coverage period.

Simple Interest Refund Formula

If the refund formula shown on Your Insurance Enrolment states “Simple Interest”, then Your Single Premium refund will be calculated according to the formula shown below:

Simple Interest Refund formula: $(\text{OBIL @ Time T}) - (\text{OBL @ Time T})$

Where:

- a) “OBIL” is the Outstanding Balance of Your Insured Loan calculated according to the credit rate specified on Your Loan documentation, which rate includes the cost of the Single Premium added to Your Loan;
- b) “OBL” is the amount the Outstanding Balance of Your Loan would have been if You had not purchased insurance on Your Loan calculated according to the interest rate specified on Your Loan documentation, which rate does not include the cost of the Single Premium added to Your Loan); and
- c) “Time T” is the effective date of cancellation of Your insurance.

IV. EXCLUSIONS, LIMITATIONS OR REDUCTION IN COVERAGE

EXCLUSIONS

CAUTION

GENERAL EXCLUSIONS:

1. We will not pay any insurance benefits if:

- You or Your estate representative do not provide Us with notice and proof of Your claim within the time limits specified in this Distribution Guide;
- You use or ingest any drug, poisonous substance, intoxicant and/or narcotic other than prescribed and administered by or in accordance with the instruction of a licensed Physician;
- You commit or attempt to commit a criminal offence;
- You operate any land, water or air vehicle which is moved or operated by any means other than Your muscle power, when Your blood alcohol level is in excess of the legal limit for Quebec
- You misstate Your age on Your Insurance Enrolment and based on Your correct age You would not have been eligible for insurance;
- You misrepresent information in the Insurance Enrolment which is material or important to Your insurance, such as health, smoking status or other questions

EXCLUSIONS RELATED TO LIFE INSURANCE

1. We will not pay a claim if Your death:

- occurs within six (6) months after the Effective Date of Insurance stated on the Insurance Enrolment form; and
- results directly or indirectly from or is related to, in whole or in part, any illness, disease or bodily injury, condition or symptom (regardless of whether or not a definitive Diagnosis has been made), for which the Borrower received any Medical Advice or Treatment during the six (6) months immediately preceding the Effective Date of Insurance.

2. We will not pay a benefit or provide a premium refund if You commit suicide within 2 years of the Effective Date of Insurance, while sane or insane.

EXCLUSIONS RELATED TO CRITICAL ILLNESS INSURANCE:

1. We will not pay a claim if:

- **The Diagnosis of Your medical condition does not fully meet the requirements for the definitions of Heart Attack, Stroke or Cancer; or**
- **The Diagnosis of Your medical condition is specifically listed under the exclusions for Stroke or Cancer; or**
- **Your medical condition results directly or indirectly from You self-inflicting an injury or attempting to take Your own life, whether sane or insane; or**

2. We will not pay a claim if Your Critical Illness:

- **Occurs within twenty-four (24) months after the Effective Date of Insurance; and**
 - **Results directly or indirectly from or is related to, in whole or in part, any illness, disease, bodily injury, or condition or symptom (regardless of whether or not a definitive Diagnosis has been made) for which the Borrower received any Medical Advice or Treatment during the twelve (12) months immediately preceding the Effective Date of Insurance.**

3. We will not pay a benefit if:

- **You are Diagnosed with Cancer within 90 days following the Effective Date of Insurance. If this happens, We will cancel Your Critical Illness insurance and provide a full refund of any Premium paid for this coverage.**

4. We will not pay a benefit if:

- **You have had any cancer, not just a form of cancer covered under this insurance, at any time before the Effective Date of Insurance; or**
- **You had apparent signs or symptoms of any cancer, not just a form of cancer covered under this insurance; or**
- **You sought or received Medical Advice or Treatment relating to the apparent signs or symptoms of any cancer, not just a form of cancer covered under this insurance.**

EXCLUSIONS RELATED TO TOTAL DISABILITY INSURANCE

1. We will not pay a claim if Your Total Disability:

- **Occurs within six (6) months after the Effective Date of Insurance; and**
- **Results directly or indirectly from or is related to, in whole or in part, any illness, disease, bodily injury, or condition or symptom (regardless of whether or not a definitive Diagnosis has been made) for which the Borrower received any Medical Advice or Treatment during the six (6) months immediately preceding the Effective Date of Insurance.**

2. We will not pay a claim if Your Total Disability:

- **Begins prior to the Effective Date of Insurance shown on Your Insurance Enrolment;**
- **Results, directly or indirectly, from You self-inflicting an injury or attempting to take Your own life, whether sane or insane;**
- **Results from normal pregnancy (that is, Your pregnancy is not diagnosed as 'high risk' by a licensed physician);**
- **Begins when You were confined, as a result of criminal proceedings against You, to a penal institution, government detention facility, hospital or similar institution;**
- **Begins after Your insurance coverage ends; or**
- **Where applicable under the Policy and as indicated on Your Insurance Enrolment, results from a work-related injury or industrial disease which entitles You to apply for and receive compensation for lost wages under workers compensation, workplace health and safety or similar legislation.**

EXCLUSIONS RELATED TO LOSS OF EMPLOYMENT INSURANCE

1. We will not pay a claim if Your Involuntary Loss of Employment:

- **Is caused by a Labour Dispute;**
- **Is caused by a Lockout;**
- **Results from You retiring, giving Your resignation or voluntarily surrendering Your Employment;**
- **Results from Your intoxication, drug abuse, dishonesty, fraud, conflict of interest, refusal to carry out the duties of Your Employment or willful or criminal misconduct;**
- **Results from being Self-Employed;**
- **Results from being an elected government official;**
- **Results of Seasonal Employment;**
- **Results of the expiration of a specific contract of Employment;**
- **Starts within 60 days of the Effective Date of Insurance.**

GENERAL LIMITATIONS:

- **If You make a claim for insurance benefits within the first two years of coverage, We will review the information You provided in Your Insurance Enrolment to confirm it is correct and complete.**
- **If You misstate Your age on Your Insurance Enrolment, but would still be eligible for insurance based on Your correct age, We will:**
 - **Adjust any insurance benefits payable to reflect the amount of insurance Your Premium would have purchased based on Your correct age.**

LIMITATIONS RELATED TO DISABILITY INSURANCE:

1. **If You were not Actively At Work when You enrolled for Disability Insurance:**
 - **Your eligibility to claim Disability Insurance benefits will be delayed, and**
 - **You will be eligible to claim Disability Insurance benefits when You have once again been working for at least 20 hours per week for two consecutive weeks.**

V. CANCELLATION AND END OF INSURANCE

A. HOW TO CANCEL THIS INSURANCE

In Quebec, an *Act respecting the distribution of financial products and services* allows You to cancel Your insurance contract within 10 days of its signature. In the case of this insurance coverage, You have the right to cancel within **30 days** of signing the Insurance Enrolment and receive a full refund of any premium paid.

You may also cancel Your insurance coverage at any time **after 30 days**. In this event, You will not receive a full premium refund.

Please see the “Notice of cancellation of an insurance contract” at the end of this distribution guide.

Your insurance coverage will be cancelled on the **latest of the following**:

- The date stated in Your cancellation request; **or**
- The date We receive Your written cancellation request.

In the case of more than one Insured both must sign the request to cancel even if the request is to cancel insurance for only one of the Borrowers.

B. END OF INSURANCE COVERAGE

Life Insurance, Disability Insurance, Critical Illness Insurance and/or Loss of Employment Insurance will end on the earliest of the following:

- Expiry of the maximum term of insurance shown on Your Insurance Enrolment, up to a maximum of **120 months**;
- The date You reach **Age 72** (Life and Critical Illness Insurance);
- The date You reach **Age 68** (Disability and Loss of Employment Insurance);
- The date We receive Your written cancellation request or, where insurance coverage is provided for more than one person, the date We receive a written cancellation request from all Insureds;
- The date You repay or discharge Your Insured Loan;
- The date Your Lease expires or is cancelled;
- The date You are released, by operation of law, from Your legal obligation to repay Your Insured Loan or Lease (whether upon discharge from bankruptcy or otherwise);
- The date You transfer or assign Your Insured Loan or Lease to a creditor other than the Group Policyholder;
- The date You have missed more than six monthly payments, whether consecutive or not;
- The date We pay a life insurance benefit, an Accelerated Death Benefit or Critical Illness Insurance benefit under the Certificate of Insurance; **and**
- The date of Your death.

Disability Insurance will also automatically end:

- On the date the total amount of disability insurance benefits We have paid reaches the maximum cumulative benefit payable of \$500,000;

Critical Illness Insurance will also automatically end if:

- For any reason, Your Life Insurance ends.

Loss of Employment Insurance will also automatically end:

- On the date the total amount of loss of employment insurance benefits We have paid reaches the maximum cumulative benefit payable of \$40,500.

VI. PROOF OF LOSS OR CLAIM

If You think You may have a claim for insurance benefits, please contact the Insurer as soon as possible at 1.800.263.9120. You must provide Us with notice and proof of Your claim within the time limits specified in the Certificate of Insurance. If You do not do so, We may decline Your claim and not pay any insurance benefits.

For additional information, please contact the Insurer:

Co-operators Life Insurance Company

1920 College Avenue,
Regina, Saskatchewan S4P 1C4
Tel: 1.800.263.9120
Fax: 1.800.897.7065

A. SUBMISSION OF A CLAIM

LIFE INSURANCE

Note: To make a life insurance claim, the Insurer is the first point of contact for Your next of kin or Your estate representative. The Insurer has access to the required claim forms, will assist in completing those forms and will know what supporting Loan or Lease information We require. Once completed, the Administrator will submit the necessary documents to Us to initiate the claim.

Start by Calling 1.800.263.9120

1. Proof of claim must be submitted to Co-operators within **one (1) year** of the date of death of the Insured.
2. Upon receipt of a notice of claim, We will provide instructions and all necessary forms.
3. The claim will be settled after receiving satisfactory proof of claim.

CRITICAL ILLNESS INSURANCE

Note: To make a Critical Illness Insurance Claim, You, as the insured, should make this call yourself. When You make the initial call, We will start by asking You for information so We can identify You and Your Loan or Lease. The information We require to establish Your entitlement to benefits may be different for each type of claim.

Start by Calling 1.800.263.9120

1. Written notice must be provided within thirty (30) days of the date Your claim first arises.
2. Proof of claim must be submitted to Co-operators within **ninety (90) days** of the Diagnosis of a Critical Illness of the Insured.
3. Upon receipt of a notice of claim, We will provide You with instructions and all necessary forms.
4. Your claim will be settled after receiving satisfactory proof of claim.

DISABILITY INSURANCE

Note: To make a Disability Insurance Claim, You, as the insured, should make this call yourself. When You make the initial call, We will start by asking You for information so We can identify You and Your Loan or Lease. The information We require to establish Your entitlement to benefits may be different for each type of claim.

Start by Calling 1.800.263.9120

1. Written notice must be provided within thirty (30) days of the date Your claim first arises.
2. Proof of claim must be submitted to Co-operators within **ninety (90) days** of the Total Disability of the Insured.
3. Upon receipt of a notice of claim, We will provide You with instructions and all necessary forms.
4. Your claim will be settled after receiving satisfactory proof of claim.
5. In order for a claim to be considered, You must provide proof to CO-OPERATORS or Your Creditor representative not more than **12 months** after insurance terminates.

LOSS OF EMPLOYMENT INSURANCE

Note: To make a Loss of Employment Insurance Claim, You, as the insured, should make this call yourself. When You make the initial call, We will start by asking You for information so We can identify You and Your Loan or Lease. The information We require to establish Your entitlement to benefits may be different for each type of claim.

Start by Calling 1.800.263.9120

1. Written notice must be provided within thirty (30) days of the date Your claim first arises.
2. Proof of claim must be submitted to Co-operators within **ninety (90) days** of the Involuntary Loss of Employment of the Insured.
3. Upon receipt of a notice of claim, We will provide You with instructions and all necessary forms.
4. Your claim will be settled after receiving satisfactory proof of claim.
5. In order for a claim to be considered, You must provide proof to Co-operators or Your Creditor representative not more than **12 months** after insurance terminates.

B. INSURER'S REPLY

Within **30 days** after receiving a satisfactory proof of claim, We will either:

- pay the benefits provided for under the Policy; **or**
- inform You in writing of the reasons why We believe that no benefits are payable.

Benefits will be paid to the Creditor and will be used to reduce or pay off Your Loan or Lease.

C. APPEAL FROM INSURER'S RULING AND RECOURSES

If We decline Your insurance claim and You disagree with Our decision, You may send Us a formal written request to appeal Your claim explaining why You disagree with Our decision and providing Us with supporting documentation. Upon receipt, We will review Your request and advise You of Our final decision.

If You are not satisfied with Our final decision, We will provide You with information on the steps You can take to have Your concerns reviewed further. This may include, if You wish, contacting Our designated OmbudService.

D. OTHER INFORMATION

For additional information please contact the Insurer:

Co-operators Life Insurance Company

1920 College Avenue,
Regina, Saskatchewan S4P 1C4
Tel: 1.800.263.9120
Fax: 1.800.897.7065

VII. SIMILAR PRODUCTS

Please note that other insurance products offering coverage similar to the insurance targeted in this distribution guide are available on the market. We encourage You to make inquiries to make sure that this insurance best meets Your needs.

VIII. REFERRAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS

If You have any questions about either Your distributor's or Our obligations to You, You may contact the *Autorité des marchés financiers* at the following address:

Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640 boul. Laurier, 4th floor
Sainte-Foy, Québec
Canada
G1V 5C1

Telephone

Toll-free: 1-877-525-0337
Quebec City: 418-525-0337
Montreal: 514-395-0337

Website: www.lautorite.qc.ca

IX. CONFIDENTIALITY

Information regarding Your insurability will be treated as confidential.

Co-operators Life Insurance may make a brief report to the MIB (Medical Information Bureau), a non-profit organization of life insurance companies, which operates an information exchange on behalf of its members.

If You apply to another MIB member company for life or health insurance, or You present a claim to such a company, MIB will provide such a company with the information in Your file, upon Your request.

If You wish to have access to Your file or have it corrected, send Us a written request to the following address:

Medical Information Office
330 University Avenue, Suite 501
Toronto, Ontario
M5G 1R7
Telephone: (416) 597-0590

We could release information in Your file to other life insurance companies to whom You may apply for life or health insurance, or to whom a claim for benefits may be submitted.

You understand and agree that the personal information provided on Your application form will be used by Co-operators Life to issue, administer and service the coverage that You are applying for and You authorize the collection and use of Your personal information for this purpose.

You consent to the personal information provided on Your application form to be shared with Your financial institution with whom You made arrangements to advise You of various products and services which may be of value to You as a Borrower.

You may choose **NOT** to have Your information shared or used for these purposes by contacting the Insurer.

Co-operators Life Insurance Company

1920 College Avenue,
Regina, Saskatchewan S4P 1C4
Tel: 1.800.263.9120
Fax: 1.800.897.7065
Attention: Privacy Office

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY DISTRIBUTOR

Article 440 of the Act respecting the distribution of financial products and services.

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

- The Act enables You to cancel the insurance contract You just signed at the same time as another contract, **without penalties, within 10 days of its signature**. The Insurer offers You **30 days after You have received the Product Guide and Certificate of Insurance**. To do so, You must send the Insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that You may incur the loss of favourable conditions extended upon signing this contract; please enquire from Your distributor or consult Your contract.
- After the expiry of the **30-day** delay, You have the option of cancelling Your insurance at any time, but penalties may apply.

For further information, please contact the *Autorité des marchés financiers* at: (418) 525-0337 or 1-877-525-0337.

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To _____
(Name of Insurer)

(Address of Insurer)

Date: _____
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no.

(Number of contract, if indicated)

entered into on: _____
(Date of signature of contract)

at: _____
(Place of signature of contract)

(Name of client) (Signature of client)

The distributor must fill in this section beforehand.

This notice must be sent by registered mail.

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

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

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

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

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

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

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

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

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

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

NOTICE OF SPECIFIC CONSENT

YOU ARE FREE TO GRANT OR REFUSE THIS CONSENT

Sections 92 and 437 of the *Act respecting the distribution of financial products and services*

WHAT YOU MUST KNOW

- At this date, we hold certain information relating to you.
- We require your consent to allow some of our clerks to have access to this information.
- These clerks will also have access to any update of the information done during the period of validity of the consent.
- These clerks will use the information available in order to solicit you for the purchase of new financial products and services.

YOU ARE FREE TO SET THE PERIOD OF VALIDITY OF YOUR CONSENT

- If you grant consent for an undetermined period of time, you may at any time terminate it by revoking it. At the end of this form, you will find a revocation notice model that you may use for this purpose or as a basis for preparing your own notice.
- If you wish to grant consent for a limited period of time, you may do so by determining this period yourself. This form provides, in the “specific consent” section, a place where you may write down the period of validity desired.

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

Without this specific consent, the distributor may not use this information for a purpose other than the purpose for which it was collected. **The distributor cannot compel you to give your consent or refuse to do business with you if you refuse to give it. Section 94 of the Act protects you.** For further information, please contact the Autorité des marchés financiers at (418) 525-0337 or 1-877-525-0337.

The information we hold pertaining to you, at this date, was collected as part of:

(purpose(s) of the file)

Here are the required categories of information that we would like one of our clerks to use and the products and services he may offer you. For a fuller description of each category, you may refer to the back of this sheet.

Please authorize each category of information requested.

Required information category to be accessed ⁽¹⁾	For which products or services? ⁽²⁾	Client's Authorization ⁽³⁾		Initials ⁽⁴⁾
<i>To be filled out by distributor</i>	<i>To be filled out by distributor</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> yes	<input type="checkbox"/> no	

Instructions for the distributor (duplication not required):

1. The distributor must describe each category on the reverse side of this sheet.
2. The distributor must specify the nature of the products and services it wishes to offer the client. Each information category must be associated with a specific purpose. Where a category serves several purposes, the distributor must repeat it for each purpose.
3. The client may give his or her authorization by telephone, provided both parties can identify each other. In such case, this form shall serve as a script for the officer, who will also read the detailed description of each category to the client. The distributor must fill out this form and send it to the client within ten (10) days of obtaining the verbal consent.
4. If in electronic form, the initials may be replaced by a confirmation window. However, the notice of consent must be made available to the client by any means allowing the reading or printing thereof.

In accordance with the Act respecting the protection of personal information in the private sector, **you may request access to the information that we hold pertaining to you.**

SPECIFIC CONSENT

Having read the above, I, the undersigned,

_____ , consent to the use of the information held by the

(Name of client)

distributor for the purposes indicated above.

This authorization will be valid until revoked or for the following period:

DD/MM/YY (to be filled out by the client)

I may revoke this consent at any time by sending a notice. I may use the attached model notice for this purpose or as a basis for preparing my own notice.

(signature of client)

(date of signature of the consent)

(client identification, address, folio or contract no., etc.)

I HEREBY REVOKE THE SPECIFIC CONSENT GIVEN TO THE DISTRIBUTOR BY THE FOLLOWING NOTICE

To:

(name of distributor)

(address of distributor)

On:

I, the undersigned, _____ hereby notify you that I am
(name of client)

canceling the specific consent authorizing the communication of my personal information for new purposes.

Consent given to you on: _____
(date of consent)

(name of client)

(signature of client)

(client identification, address, folio or contract no., etc.)