

Summary for Essential and Essential Plus insurance

Insurance for your vehicle's loan or lease

Protection if an unexpected life event makes you unable to pay your loan or lease

Insurer

Co-operators Life Insurance Company
1900 College Avenue
Regina, Saskatchewan
S4P 4K8

1-855-587-8595
cooperators.ca

Autorité des marchés financiers (AMF) client number:
2000860463

Check the insurer's status in the AMF register at
lautorite.qc.ca

Administrator

LGM Financial Services Inc.
1111 Dr.-Frederik-Philips Blvd, Suite 450
Saint-Laurent, Quebec
H4M 2X6

If you have any questions about your insurance, please contact the Administrator, LGM Financial Services Inc. at 1-866-475-8864.

Distributor

Kia Canada Inc.
180 Foster Crescent
Mississauga, Ontario
L5R 4J5

This summary is not the insurance contract. For full details, read the sample Product Guide and Certificate of Insurance: cooperators.ca/en/Group/Group-Specialty-Market-Programs. If there is any ambiguity or discrepancy between this summary and the insurance contract, the terms of the insurance contract will prevail.

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Understanding your insurance

What kind of insurance am I buying?

Essential and Essential Plus are group insurance plans for your loan or lease. They are optional and can cover up to two people for:

- Disabilities
- Involuntary job loss
- Death
- Terminal illness (expected to live 12 months or less)

Can I buy this insurance?

You can sign up for this insurance if you are:

- 17 to 71 years old,
- a Canadian resident (living in Canada at least 6 months of the year), and
- paying for a loan or lease.

i *To buy involuntary job loss coverage, you must work at least 20 hours a week for the last 12 months. You cannot be self-employed, a seasonal employee, or an elected government official.*

You cannot buy this insurance if you have made a claim for a terminal illness.

What are the maximum limits on my insurance?

The maximum limits on your insurance are:

Essential:

Claim Event	One-time Maximum Amount	Maximum Monthly Amount	Maximum Time
Disability		\$500	6 months
Involuntary job loss		\$500	6 months
Death	\$10,000		
Terminal illness	\$10,000		

Essential Plus:

Claim Event	One-time Maximum Amount	Maximum Monthly Amount	Maximum Time
Disability		\$1,000	6 months
Involuntary job loss		\$1,000	6 months
Death	\$20,000		
Terminal illness	\$20,000		

i *Your insurance amounts and benefit terms are on your Enrolment form. You choose your maximum amounts and maximum time periods when you enroll.*





Understanding your insurance

What is the cost of my insurance?

Your insurance cost is based on the amount of your loan or lease, the time you are paying on it, and your dealership's commission. You pay the cost once, including applicable taxes. This payment is added to the total of your loan or lease.

Your insurance cost is listed on your Enrolment form as your "Total Premium".

For Example:

Car Loan	Total Premium (Including taxes)	Total Loan Amount
		 + 
\$20,000	\$2,000	\$22,000

i *If you insure more than one person for the same insurance coverage, there is a cost savings.*

[Your dealership representative can give you an insurance quote.](#)

Who gets the insurance payment when I make a claim?

Your claim payments do not go to you. We apply the payments from your approved claims directly to your loan or lease.

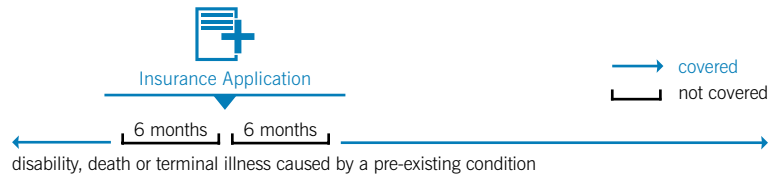
i *We will only pay one claim at a time. We will not pay more than the outstanding balance on your loan or lease. We will not pay more than either your one-time maximum or maximum monthly insurance amount.*

Understanding your insurance



What is not covered?

A pre-existing condition is an illness or injury that existed before your insurance started, and it was treated by your doctor or should have been treated by your doctor.



We will not pay your claim for **disability, death, or terminal illnesses** from pre-existing conditions that happened in the **6 months before or 6 months after** your insurance starts.

We will not pay a claim in some limited situations, including:

- Being under the influence of drugs (unless prescribed) or alcohol
- Committing a crime
- Being detained for criminal proceedings
- Impaired driving
- Dying by suicide within 2 years

i We will only pay one claim for disability or involuntary job loss at a time.

Disability claims:

- Coming from a normal pregnancy (not diagnosed as high risk)
- Relating to elective surgery

Involuntary job loss claims:

- Taking maternity or parental leave, or a leave of absence
- Losing your job within the first 60 days of your insurance
- Being denied your government unemployment claim

Submitting a claim

How do I make a claim?

To make a claim, call us at 1-855-587-8595 as soon as possible. We will help you get the right claim forms and any other information needed to support your claim.

How long do I have to file my claim?

We encourage you to make your claim as soon as possible. We may deny your claim if it is not filed within the following time limit guidelines.

	Time Period
Disability	Within 30 days
Involuntary job loss	Within 30 days
Death	Within 1 year
Terminal illness	Within 30 days

How long will it take to get a reply for my claim?

We will reply to your claim in writing within **30 days** of getting your satisfactory proof of claim. We will either:

- pay your loan or lease, or
- tell you why no benefits are payable.

i *Until you hear back from us, you are legally responsible to make your loan or lease payments.*

When will my claim payments start?

Disability or involuntary job loss claims have a waiting period. Waiting periods are a time between the day you lost your job or became disabled and the day we pay your claim. Your claim payments begin after the waiting period.

	Waiting Period
Disability	30 days
Involuntary job loss	60 days



Make a claim

Toll-free telephone:
1-855-587-8595

Managing your insurance



How do I cancel?

Call 1-866-269-0000 to cancel your insurance at any time.

- During the first 30 days you will get a full refund.
- After 30 days, you may get a partial refund, depending on how long you've had your insurance, your claims history and other relevant factors.

Pro-rata refund formula: $(SP \times T) \div N$

- SP is the Single Premium for your insurance, including applicable taxes
- T is the total number of days left on your insurance period
- N is the original number of days on your insurance period

For example:

If SP = \$2,000, T = 1,095 days, N = 1,460 days

$$\begin{array}{r} \$2,000 \quad \times \quad 1,095 \text{ days (3 years)} \\ \hline 1,460 \text{ days (4 years)} \end{array} = \$1,500$$

Your refund will be paid directly to your loan or lease.

- **i** You can get a quote for your refund by contacting the Administrator. We do not pay refunds if they are less than \$10.00.



Managing your insurance



Ombuds Office

Email:

ombuds@cooperators.ca

Phone:

1-877-720-6733

Fax:

1-519-823-9944

Mail:

Ombuds Office
The Co-operators Group Limited
130 Macdonell Street
Guelph, Ontario
N1H 6P8

What happens if you don't give us complete and truthful information?

You must give us complete and truthful information when you sign up for insurance. If you make a claim and you gave us misleading information, we may:

- Deny your claim,
- Reduce your benefits,
- Cancel your insurance (as if it had never existed), and
- Refund the cost of your insurance, minus our processing fee.

When does my insurance end?

Your insurance ends:

- on your expiry date
- the date your loan or lease is paid off or ends
- if you have missed six loan or lease payments in a row
- if you die or we pay either a terminal or critical illness claim

Where do I send my complaints?

If you disagree with our decision about your claim, you can:

1. contact our claims department, and
2. if this does not resolve your concern, then contact our Ombuds Office at 1-877-720-6733.

You can also contact the Autorité des marchés financiers at lautorite.qc.ca

For more information about our complaint resolution process, visit: cooperators.ca/en/have-an-insurance-concern/compliments-concerns/life-insurance-resolution.aspx

i *By law, you have 3 years from your claim to file any legal actions.*