

If the insurance was offered to me in Quebec

Select Accirance Summary

This summary provides you with basic information about Select Accirance.

Click the icon to access the document:



Autorité des marchés financiers (AMF) fact sheet

The AMF fact sheet contains information about certain rights.

Click the icon to access the document:



Select Accirance Policy

This policy provides you with everything there is to know about Select Accirance and is part of your insurance contract.

Click the icon to access the document:



Notice of Cancellation of an Insurance Contract

You can fill out this form and send it to us to end your coverage.

Click the icon to access the document:



If the insurance was offered to me in another province or territory (except Quebec)

Select Accirance Policy

This policy provides you with everything there is to know about Select Accirance and is part of your insurance contract.

Click the icon to access the document:





Select Accirance Summary

Individual insurance in case of accidental injury or death

What's this summary for?

This summary provides you with basic information about Select Accirance so you can decide if this product is right for you.

For more details, see the Select Accirance Policy we sent you with this summary. It's also available online at: www.desjardins.com/accirance.

Insurer

Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

1-877-270-7721

Distributor

Fédération des caisses Desjardins du Québec
100 rue des Commandeurs
Lévis QC G6V 7N5

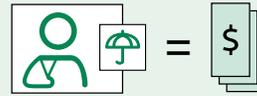
1-866-835-8444

Autorité des marchés financiers (AMF) client number: 2000379948

To look us up in the AMF's register of insurers, go to: www.lautorite.qc.ca.

Select Accirance at a glance

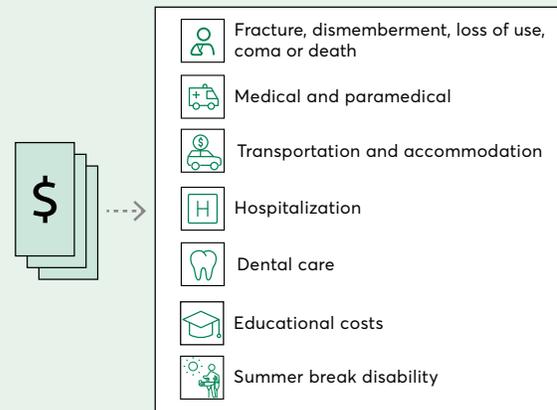
- 1 This coverage protects you against the consequences of an **accident**.



- 2 You can insure **your whole family**.



- 3 Select Accirance covers a number of **consequences of an accident**.



- 4 Select Accirance pays \$20,000 if **an insured child dies of natural causes (non-accidental death)**.



Table of contents

1. Who can buy a contract and who can be insured.....	5
2. To buy a contract	5
3. What we consider to be an accident.....	5
4. Coverages	6
4.1 Fracture, dismemberment, loss of use, coma or death coverage.....	6
4.2 Medical and paramedical coverage.....	8
4.3 Transportation and accommodation coverage	8
4.4 Hospitalization coverage.....	9
4.5 Dental care coverage	9
4.6 Educational costs coverage.....	9
4.7 Summer break disability coverage	9
4.8 Child's natural death coverage	10
5. General exclusions and multiple contract limitation	10
5.1 General exclusions	10
5.2 Multiple contract limitation.....	11
6. Cost of your insurance.....	11
7. You can end your contract at any time	11
7.1 How to end your contract.....	11
7.2 If you end your contract within 30 days of receiving it	12
7.3 If you end your contract more than 30 days after receiving it.....	12
8. Claims	12
8.1 How to submit a claim	12
8.2 Deadlines.....	12
8.3 We'll process your claim within 60 days	13
8.4 Who we'll pay amounts to	13
8.5 Division of expense reimbursements.....	13
9. If you're not satisfied	14
9.1 If you're not satisfied with our claim decision.....	14
9.2 If you're not satisfied with your insurance or the service you received.....	14

1 Who can buy a contract and who can be insured

2 conditions for buying a contract

To buy a Select Accurance contract, you must be:

- At least 18 years old
- A **Canadian resident** on the contract start date

As the person buying the Select Accurance contract, you're the **contract holder** (the person who **owns the contract**).

Who is a Canadian resident?

A Canadian resident is a person who is legally authorized to reside in Canada and lives there at least 6 months a year.

Who you can insure

Under your contract, you can insure:

- Yourself (or not)
- Family members, as long as they're:
 - At least 15 days old, and
 - **Canadian residents** on the date their coverage starts

Automatic coverage for children born

We automatically insure any children born while your contract is in force if they're your child or your grandchild, or the child or grandchild of: Your spouse, an insured person or an insured person's spouse.

As long as they're a **Canadian resident**, the child is insured free of charge, from when they turn 15 days old until your contract's next annual renewal. The child will remain insured afterwards if you add them to your contract.

2 To buy a contract

Call us at **1-877-888-4873**.

You won't have to answer any health questions about you or the people you want to insure.

3 What we consider to be an accident

When Desjardins Insurance determines whether an amount is payable under your coverage, the word **accident** means:

Accident	A sudden and unforeseen event that: <ul style="list-style-type: none">• Is exclusively the result of an external cause• Is independent of any illness or other causes, and• Leads to bodily injury or death The injury or death must be confirmed by a doctor and must be directly and solely the result of the accident.
-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Since the accident has to be independent of any illness or other causes, we don't consider an injury or death **resulting from an illness** to be accidental.



This summary only provides an overview of the coverages

For more details, you need to read the sections of the Select Accirance Policy that describe the coverages. We sent you the policy with this summary. It's also available online at: www.desjardins.com/accirance.

This summary only covers some of the general exclusions

It's important to read section 12 of the Select Accirance Policy—it covers all the general exclusions and the multiple contract limitation that are in addition to the exclusions and maximums specific to some coverages.

4.1 Fracture, dismemberment, loss of use, coma or death coverage



→ See section 4 of the Select Accirance Policy for a full description

You're insured under this coverage if, as a result of an accident, you experience one or more of the following consequences: Fracture, dismemberment, loss of use, coma or death.

You'll find the amounts payable under the insurance for these consequences in the **Amounts payable for the consequences of an accident** table on page 7. The amounts payable vary depending on how old you are on the date of the accident. The following maximums also apply:

Maximum amount payable if you experience more than one consequence as a result of the accident without dying

If you experience more than one of the consequences indicated in the table, we only pay **the highest applicable amount**.

Also, if you experience 2 or more consequences entitling you to the same highest amount (for example, you break 2 ribs), we only pay this amount to you once.

Maximum amount payable if you die as a result of the accident

We only pay the applicable amount in case of death if you die within a year of the accident—even if you've experienced other consequences.

Amounts payable for the consequences of an accident

 If you experience **more than one consequence** without dying, we only pay the **highest applicable amount**. If you're entitled to the same highest applicable amount for 2 or more consequences, we only pay the amount once.

Fracture

	Age on date of accident	
	Under age 75	Age 75 or older
Skull, spine (except the coccyx), pelvis or hip	\$3,500	\$1,750
Rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia, fibula or femur	\$1,000	\$500
Bone not included above	\$250	\$125

Dismemberment or loss of use

	Age on date of accident	
	Under age 75	Age 75 or older
2 of the following body parts: Hand, foot, arm, leg	\$500,000	\$250,000
Sight in 1 eye + (plus) • 1 hand • 1 foot • 1 arm • or 1 leg	\$500,000	\$250,000
Sight in both eyes	\$500,000	\$250,000
Hearing in both ears + (plus) Speech	\$500,000	\$250,000
1 hand, 1 foot, 1 arm or 1 leg	\$250,000	\$125,000
Hearing in both ears or speech	\$250,000	\$125,000
Sight in 1 eye or hearing in 1 ear	\$75,000	\$37,500
1 entire finger or 1 entire toe (per finger or per toe)	\$5,000	\$2,500

Coma

	Age on date of accident	
	Under age 75	Age 75 or older
For a period of 96 consecutive hours or longer	\$40,000	\$20,000

Death

	Age on date of accident		
	Under age 25	Age 25 to 74	Age 75 or older
 If you die as a result of the accident within a year of when it happened, we only pay the applicable amount in case of death.			
Death resulting from an accident that occurred while the insured person was a paying passenger on board a common carrier vehicle	\$1,000,000	\$1,000,000	\$500,000
Any other accidental death	\$40,000	\$100,000	\$50,000

4.2 Medical and paramedical coverage



→ See section 5 of the Select Accirance Policy for a full description

You're insured under this coverage for expenses you incur for the care, services or items indicated in the table below as a result of an accidental injury. We pay a set amount or reimburse these expenses as indicated in the table.

Amounts payable for medical and paramedical expenses		
Covered expenses	Amount payable	Maximum
Services of a registered nurse if prescribed by the attending physician	\$50 per day	30 days per accident
The services of a: <ul style="list-style-type: none"> • Chiropractor • Occupational therapist • Osteopath • Physiotherapist, or • Orthotherapist These professionals must be members in good standing of their professional association	\$25 per treatment	\$250 per accident for all of these professionals combined
Emergency transportation immediately following an accident	Reasonable expenses	\$10,000 per accident
Purchase or rental of a cane, crutches, pressure garments or a walker	Reasonable expenses	\$500 per accident
Purchase or rental of a wheelchair	Reasonable expenses	\$5,000 per accident
Purchase of an initial hearing aid	Reasonable expenses	\$700 lifetime
Purchase of an initial artificial eye	Reasonable expenses	\$700 per prosthesis, per accident
Replacement of vision-correcting glasses or contact lenses broken during an accident with 1 or more injuries	Reasonable expenses	\$300 per accident
Purchase or rental of an orthosis	Reasonable expenses	\$400 per accident

4.3 Transportation and accommodation coverage



→ See section 6 of the Select Accirance Policy for a full description

With this coverage, you'll receive **\$75 per day**, for a **maximum of 10 days** per accident, for all of these expenses combined:

- Transportation and accommodation expenses you must incur to **receive treatments** at least 50 km from your home as a result of an accident
- Transportation and accommodation expenses incurred to **remain at an insured child's bedside** if they're hospitalized at least 50 km from their home as a result of an accident

4.4 Hospitalization coverage



→ See section 7 of the Select Accirance Policy for a full description

You're insured under this coverage if you're hospitalized for more than 24 hours as a result of an accident.

In this case, we'll pay **\$75 for each complete period of 24 consecutive hours** of hospitalization following the first 24 consecutive hours of hospitalization.

We'll pay this amount for a **maximum of 30 days per accident**.

4.5 Dental care coverage



→ See section 8 of the Select Accirance Policy for a full description

You're insured under this coverage if you need to receive any of the dental care in the table below as a result of an accident. We'll reimburse these expenses as indicated in the table.

Amounts payable for dental care		
Covered expenses	Amount payable	Maximum
Treatment or replacement of a natural and healthy tooth broken in the accident	\$250 per tooth	\$1,250 per accident for all this care combined
Repair or replacement of a denture broken in the accident	\$250 per denture	

4.6 Educational costs coverage



→ See section 9 of the Select Accirance Policy for a full description

This coverage is for students under 25 only.

You're insured under this coverage if, as the result of an accident that occurs while you're a student, you need to incur one or more of the following types of expenses:

- Private tutoring
- School transportation
- Re-orientation
- Tuition

4.7 Summer break disability coverage



→ See section 10 of the Select Accirance Policy for a full description

This coverage is for students aged 16 to 24 inclusive only.

If you're **disabled during your school's summer break** because of an accident that occurred during the school year, we'll make monthly payments to make up for the loss of summer employment.

The amount payable is **\$850 per month**, less any amount you receive for your disability from a government board or agency, or under a private insurance plan.

4.8 Child's natural death coverage



→ See section 11 of the Select Accirance Policy for a full description

We'll pay **\$20,000** if an **insured child who is at least 15 days old, but under the age of 25** dies of natural causes (non-accidental death).

However, we won't pay any amount if the insured child dies during the 12 months that follow the coverage start or reinstatement date and their death is the result of:

- Suicide, or
- A health problem for which they received treatment during the 6 months before, as applicable:
 - Their coverage start date, or
 - Their coverage reinstatement date

5 General exclusions and multiple contract limitation

The Select Accirance Policy includes general exclusions and a multiple contract limitation, **in addition to the exclusions and maximums specific to some coverages.**

The **general exclusions** are situations in which we won't pay any amount. They apply to the coverages in case of accident (coverages 4.1 to 4.7 in this summary).

The **multiple contract limitation** applies to all the coverages.

5.1 General exclusions (see section 12 of the Select Accirance Policy for a full list)



Here are some of the general exclusions. For a full list of the general exclusions, see section 12 of the Select Accirance Policy we sent you with this summary. The policy is also available online at: www.desjardins.com/accirance.

We won't pay any amount in the following cases:

- If an illness, impairment or infection contributed to the accident, injury or death
- If the accident, injury or death results directly or indirectly from an intentionally self-inflicted injury, attempted suicide or suicide
- If the accident results from your participation in any of the following:
 - Gliding or hang-gliding
 - Parachuting
 - Climbing or mountain climbing
 - Underwater diving
 - Bungee jumping
 - Rodeo
 - Go-karting
- If the accident occurs while you're:
 - Taking part in a sporting activity for which you're paid
 - Taking part in a motor vehicle competition, or
 - Training for a motor vehicle competition
- If the accident occurs after you've abused medication or alcohol, or if your blood contains traces of drugs (abusive use of drugs is that which exceeds the dosage recommended by a healthcare specialist and abusive use of alcohol is that which results in a blood alcohol level equal to or above 80 mg of alcohol per 100 ml of blood)

- If you're the contract holder (the person who owns the contract): If the care or services were provided by someone who is related to you
- If you aren't the contract holder: If the care or services were provided by someone who is related to you or the contract holder.

5.2 Multiple contract limitation

At any time, regardless of the number or types of in-force Accurance contracts you're insured under, you may only be entitled to a payment under 2 of these contracts. Desjardins Insurance will determine the amount or amounts payable based on the 2 contracts that benefit you most.

6 Cost of your insurance

The premium is the amount you have to pay to benefit from the coverage provided under your contract.

Your premium varies depending on:

- How old each insured person is on the date the contract enters into force or on subsequent contract renewal dates
- The sex of each insured person
- The payment frequency you've selected (monthly or annual)

Here are the premiums that apply per insured person:

Premiums		
Insured person	Premium based on payment frequency selected	
	Monthly	Annual
Child aged 0 to 17 inclusive	\$5.95	\$71.40
Female aged 18 or older	\$6.95	\$83.40
Male aged 18 or older	\$9.95	\$119.40

We can change these premiums at any time.

7 You can end your contract at any time

7.1 How to end your contract

There are 3 ways you can end your contract:

- Call us at 1-877-270-7721 during business hours
- Send an email to desjardinscontactcenter@dfs.ca
- Send written notice to:

Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

If you want to send us written notice, you can use the Notice of Cancellation of an Insurance Contract you were given with this summary.

7.2 If you end your contract within 30 days of receiving it

We'll consider your contract to have never started.

We'll refund any premiums you've paid, as long as you haven't made any claims.

7.3 If you end your contract more than 30 days after receiving it

- **If you end your contract during a **renewal period****

Your contract will end when the current one-year coverage period is over.

We won't refund any premiums.

- **If you end your contract at any time other than during a **renewal period****

Your contract will end the day after you phone to let us know or the day after Desjardins Insurance receives your email or written notice.

We'll refund the portion of your premium (in days) that you overpaid.

What's a renewal period?

Each renewal period starts 45 days before your contract's annual renewal date and ends on the annual renewal date.



8

Claims

8.1 How to submit a claim

Documents you need to provide

For **life or dismemberment or loss of use** claims: You need to call us at **1-877-886-5042**. We'll send you the claim forms you have to complete and let you know what other documents you need to provide.

For **all other claims**: You can get a copy of the required form by:

- Going to www.desjardins.com/accirance
- Calling us at **1-877-886-5042**

Where to send your claim

You'll then need to send the required documents to:

Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

8.2 Deadlines

You need to submit your claim within **30 days** following the date of the event that may give rise to a payment.

You need to provide any additional information, proof or documents we may ask for within **90 days** of the date of the letter in which we ask you for them.

If you don't meet these deadlines, we may accept your claim anyways, but you'll need to explain why you weren't able to. You'll have to send us all the information, proof and documents required within the year following the date of the event that may give rise to a payment.

8.3 We'll process your claim within 60 days

If we approve your claim

We'll make a payment within **60 days** of receiving all the information, proof and documents we've asked for.

If we deny your claim or we only pay some of the amount claimed

We'll send you a letter explaining the reasons for our decision within **60 days** of receiving all the information, proof and documents we've asked for.

What happens if you provide inaccurate or incomplete information

We won't pay any amount if we receive a claim that includes false statements or omissions, whether fraudulent or not. An omission is when you don't tell us something that you should. If this happens, anyone who's received amounts to which they weren't entitled will have to pay them back to us, at an interest rate that Desjardins Insurance considers to be reasonable.

8.4 Who we'll pay amounts to

Keep in mind that the contract holder is the person who owns the contract.

Reimbursement of expenses incurred

We'll pay the amounts to the contract holder.

If an insured person dies

We'll pay the applicable amount to:

- a) The contract holder, if living, or
- b) The named beneficiary, if living, or
- c) The insured person's legal heirs

For all other claims (amount payable for a fracture, etc.)

We'll pay the applicable amount:

- a) If the insured person is **under age 18** on the date of the payment, to:
 - The contract holder, if living, or
 - The insured person's guardian
- b) If the insured person is **age 18 or older** on the payment date, to:
 - The insured person

8.5 Division of expense reimbursements

If you make a claim for expenses that are also covered by one or more other insurance contracts or plans (private or public), Desjardins Insurance is the "last payer." In other words, we'll only reimburse the portion of expenses that aren't reimbursable under these other insurance contracts or plans.

However, if these other insurance contracts or plans also state that they're the last payer or if they include a coordination clause, the reimbursement will be divided between these insurance contracts or plans and your Select Accurance contract, based on the amounts that should have been paid by each.

To find out more about the claims process, see section 16 of the Select Accurance Policy we sent you with this summary. The policy is also available online at: www.desjardins.com/accurance.

If you're not satisfied

9.1 If you're not satisfied with our claim decision

Asking for a review of your claim

If we deny your claim, you can send us additional information and ask us to review your claim.

Filing a complaint with our Complaints Handling Team

If you still aren't satisfied after we've reviewed your claim, you can file a complaint with our Complaints Handling Team. Their role is to evaluate whether we've followed proper practices and procedures when clients feel they haven't received the service they're entitled to.

Here's how to contact our Complaints Handling Team:

Desjardins Insurance
100 rue des Commandeurs
Lévis QC G6V 7N5

Email: complaints@desjardins.com
Phone: 1-888-556-7212

Another option

If you want to challenge our decision in court, you only have a certain amount of time to do so. It's called the limitation period and it varies depending on where you live: In Ontario, it's 2 years and in Quebec, it's 3 years.

Find out more

You can contact the regulator for your home province or territory, or your legal advisor for more information on your rights.

9.2 If you're not satisfied with your insurance or the service you received

Do you have any concerns or are you dissatisfied with your contract or the service we've provided? Let us know by contacting our customer service department at **1-877-270-7721**.

If you'd like to make an official complaint, you have 2 options:

- You can contact our Complaints Handling Team at 1-888-556-7212, or
- You can use the complaint form available on our website at: www.desjardinslifeinsurance.com/complaint

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: _____

Name of insurer: _____

Name of insurance product: _____



IT'S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

The *Autorité des marchés financiers* can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer:



KEEP this document:
It's IMPORTANT

Select Accirance Policy

Individual insurance in case of accidental injury or death

What's this policy for?

This policy provides you with everything there is to know about Select Accirance. Here are some sections you're going to want to read:

What we consider to be an accident	7	Dental care coverage	14
Fracture, dismemberment, loss of use, coma or death coverage	7	Educational costs coverage	15
Medical and paramedical coverage	12	Summer break disability coverage	16
Transportation and accommodation coverage	13	Child's natural death coverage	17
Hospitalization coverage	13	Claims	22

Making a claim?



Call
1-877-886-5042

or



Go to www.desjardins.com/accirance

Questions and contract changes



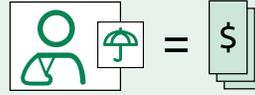
Call
1-877-270-7721

Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

www.desjardins.com/accirance

Select Accirance at a glance

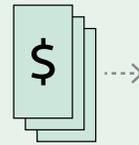
1 This coverage protects you against the consequences of an **accident**.



2 You can insure **your whole family**.



3 Select Accirance covers a number of **consequences of an accident**.



- Fracture, dismemberment, loss of use, coma or death
- Medical and paramedical
- Transportation and accommodation
- Hospitalization
- Dental care
- Educational costs
- Summer break disability

4 Select Accirance pays \$20,000 if **an insured child dies of natural causes (non-accidental death)**.



Table of contents

1. Who can buy a contract and who can be insured.....	6
2. To buy a contract	7
3. What we consider to be an accident.....	7
4. Fracture, dismemberment, loss of use, coma or death coverage.....	7
4.1 Amounts payable under this coverage.....	7
4.2 Conditions and important definitions.....	10
4.3 Other maximum amounts payable and exclusions	11
5. Medical and paramedical coverage.....	12
5.1 Amounts payable under this coverage.....	12
5.2 Important definitions	12
6. Transportation and accommodation coverage	13
6.1 Amount payable under this coverage.....	13
6.2 Conditions.....	13
7. Hospitalization coverage.....	13
7.1 Amount payable under this coverage.....	13
7.2 Condition	13
7.3 Exclusions.....	14
8. Dental care coverage	14
8.1 Amounts payable under this coverage.....	14
8.2 Who can confirm injuries	14
9. Educational costs coverage.....	15
9.1 Amounts payable under this coverage.....	15
9.2 Conditions and important definition	15
10. Summer break disability coverage	16
10.1 Amount payable under this coverage.....	16
10.2 Conditions.....	16
11. Child's natural death coverage	17
11.1 Amount payable under this coverage.....	17
11.2 Exclusions.....	17

12. General exclusions and multiple contract limitation	17
12.1 General exclusions	18
12.2 Multiple contract limitation	18
13. Cost of your insurance	19
13.1 Your premium.....	19
13.2 How we calculate your premium.....	19
13.3 Your premium can change over time.....	19
13.4 When your premiums are due	20
14. Start, renewal and end of your contract.....	20
14.1 Start of your contract and coverage	20
14.2 Contract period and renewal	20
14.3 End of your contract	20
15. Making changes to your contract	21
15.1 You can make changes to your contract at any time.....	21
15.2 We can make changes to your contract.....	22
16. Claims	22
16.1 Who can submit a claim.....	22
16.2 How to submit a claim	22
16.3 Deadlines	23
16.4 Payment conditions.....	23
16.5 We'll process your claim within 60 days.....	23
16.6 Who we'll pay amounts to	24
16.7 Currency.....	24
16.8 Division of expense reimbursements.....	24
16.9 Assignment of your rights of recourse in the event of a claim (right of subrogation).....	24
17. If you're not satisfied	25
17.1 If you're not satisfied with our claim decision	25
17.2 If you're not satisfied with your insurance or the service you received.....	26
18. Documents making up your insurance contract.....	26
Appendix - Assistance services	28

1 Who can buy a contract and who can be insured

2 conditions for buying a contract

To buy a Select Accurance contract, you must be:

- At least 18 years old
- A **Canadian resident** on the contract start date

As the person buying the Select Accurance contract, you're the **contract holder** (the person who **owns the contract**).

Who is a Canadian resident?

A Canadian resident is a person who is legally authorized to reside in Canada and lives there at least 6 months a year.

Who you can insure

Under your contract, you can insure:

- Yourself (or not)
- Family members, including your spouse, children and grandchildren, and their spouses, as long as they're:
 - At least 15 days old, and
 - **Canadian residents** on the date their coverage starts

Desjardins Insurance considers your spouse or an insured person's spouse to be the person who:

- Is married to or living in a civil union with you or the insured person, or
- Can prove that they've been living in a conjugal relationship with you or the insured person for at least 12 months, or
- Can prove that they've been living in a conjugal relationship with you or the insured person and that they had a child with you or the insured person

This person must not be separated from you or the insured person for 90 days or more as a result of a breakdown in the relationship.

You'll find the names of the persons insured under your contract in the Confirmation of Insurance we send you.

Automatic coverage for children born

We automatically insure any children born while your contract is in force if they're your child or grandchild, or the child or grandchild of:

- Your spouse
- Any insured person or their spouse

As long as they're a **Canadian resident**, the child is insured free of charge, from when they turn 15 days old until your contract's next annual renewal.

For the child to remain insured

You need to add them under your contract before the annual renewal following their birth, by calling us at **1-877-270-7721**.

After this renewal, the child will remain insured if:

- Their name is indicated in the most recent Confirmation of Insurance, and
- You pay their premium (the cost of their insurance)

2

To buy a contract

Call us at 1-877-888-4873.

You won't have to answer any health questions about you or the people you want to insure.

3

What we consider to be an accident

When Desjardins Insurance determines whether an amount is payable under your coverage, the words **accident** and **doctor** mean:

Accident	<p>A sudden and unforeseen event that:</p> <ul style="list-style-type: none"> • Is exclusively the result of an external cause • Is independent of any illness or other causes, and • Leads to bodily injury or death <p>The injury or death must be confirmed by a doctor and must be directly and solely the result of the accident.</p>
Doctor	<p>Any person, other than the insured person, who:</p> <ul style="list-style-type: none"> • Is legally licensed to practise medicine • Doesn't live with the insured person or the contract holder (the person who owns the contract).

Since the accident has to be independent of any illness or other causes, we don't consider an injury or death **resulting from an illness** to be accidental.

For example, we won't pay any amount if:

- You fall and injure yourself because of an epileptic seizure
- You die because you had a heart attack while driving and lost control of your vehicle

4

Fracture, dismemberment, loss of use, coma or death coverage



4.1 Amounts payable under this coverage

You're insured under this coverage if, as a result of an **accident**, you experience one or more of the following consequences: Fracture, dismemberment, loss of use, coma or death.

You'll find the amounts payable under the insurance for these consequences in the **Amounts payable for the consequences of an accident** table on page 8. The amounts payable vary depending on how old you are on the date of the accident. The following maximums also apply:

Maximum amount payable if you experience more than one consequence as a result of the accident without dying

If you experience more than one of the consequences indicated in the table, we only pay **the highest applicable amount**.

Also, if you experience 2 or more consequences entitling you to the same highest amount (for example, you break 2 ribs), we only pay this amount to you once.

Maximum amount payable if you die as a result of the accident

We only pay the applicable amount in case of death if you die within a year of the accident—even if you've experienced other consequences.

Amounts payable for the consequences of an accident

 If you experience **more than one consequence** without dying, we only pay **the highest applicable amount**. If you're entitled to the same highest applicable amount for 2 or more consequences, we only pay the amount once.

Fracture

	Age on date of accident	
	Under age 75	Age 75 or older
Skull, spine (except the coccyx), pelvis or hip	\$3,500	\$1,750
Rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia, fibula or femur	\$1,000	\$500
Bone not included above	\$250	\$125

Dismemberment or loss of use

	Age on date of accident	
	Under age 75	Age 75 or older
2 of the following body parts: Hand, foot, arm, leg	\$500,000	\$250,000
Sight in 1 eye + (plus) • 1 hand • 1 foot • 1 arm • or 1 leg	\$500,000	\$250,000
Sight in both eyes	\$500,000	\$250,000
Hearing in both ears + (plus) Speech	\$500,000	\$250,000
1 hand, 1 foot, 1 arm or 1 leg	\$250,000	\$125,000
Hearing in both ears or speech	\$250,000	\$125,000
Sight in 1 eye or hearing in 1 ear	\$75,000	\$37,500
1 entire finger or 1 entire toe (per finger or per toe)	\$5,000	\$2,500

Coma

	Age on date of accident	
	Under age 75	Age 75 or older
For a period of 96 consecutive hours or longer	\$40,000	\$20,000

Death

	Age on date of accident		
	Under age 25	Age 25 to 74	Age 75 or older
 If you die as a result of the accident within a year of when it happened, we only pay the applicable amount in case of death.			
Death resulting from an accident that occurred while the insured person was a paying passenger on board a common carrier vehicle	\$1,000,000	\$1,000,000	\$500,000
Any other accidental death	\$40,000	\$100,000	\$50,000

Examples of what we pay depending on the consequences you experience

1. Multiple fractures (no other consequences)

Liam, aged 27, fractured his right femur and pelvis in a car accident. He didn't suffer any other injuries. Based on the table, the applicable amounts for someone who fractured these bones and was Liam's age when the accident happened are:

- Fracture of the femur: \$1,000
- Fracture of the pelvis: \$3,500

We pay Liam **\$3,500**, which is the applicable amount for the fracture entitling him to the highest amount.

2. Fractures of the same type (no other consequences)

Tanisha, aged 32, broke 2 ribs in an accident. She didn't suffer any other injuries. Based on the table, the applicable amount for someone who suffered these injuries and was Tanisha's age when the accident happened is:

- Fracture of a rib: \$1,000

You'll notice that even though Tanisha broke 2 ribs, we only pay the amount once. So, she'll receive a total of **\$1,000**.

3. Dismemberment of 3 fingers (no other consequences)

Greg, aged 54, lost 3 fingers in an accident. He didn't suffer any other injuries. Based on the table, the applicable amount for someone who suffered these injuries and was Greg's age when the accident happened is:

- Dismemberment of a finger (per finger): \$5,000

Since the applicable amount is multiplied by the number of fingers lost, Greg will receive **\$15,000**.

4. Fracture with loss of use

Michaela, aged 78, suffered a skull fracture and lost her sight in one eye in an accident.

Based on the table, the applicable amounts for someone who suffered these injuries and was Michaela's age when the accident happened are:

- Skull fracture: \$1,750
- Loss of sight in one eye: \$37,500

We only pay **\$37,500**, which is the amount payable for the loss of sight in one eye, because it's the higher of the 2 applicable amounts payable.

5. Fracture and dismemberment followed by death

Kamir, aged 62, had a really bad accident at work. He lost an arm and broke his hip. Sadly, he died from his injuries a month after the accident.

Based on the table, the applicable amounts for the consequences of the accident for someone who was Kamir's age when the accident happened are:

- Hip fracture: \$3,500
- Dismemberment of one arm: \$250,000
- Death not related to an accident that occurred while on board a common carrier vehicle: \$100,000

We only pay **\$100,000**, which is the amount payable in case of death.

4.2 Conditions and important definitions

Fracture claims

- Your fracture has to meet this definition:

Fracture	The violent rupture of a bone, the larynx or the trachea.
-----------------	-----------------------------------------------------------

- Your fracture must be diagnosed within 30 days following the accident.
- For skull fractures, the frontal, sphenoid, ethmoid, occipital, parietal and temporal bones are covered.

Dismemberment or loss of use claims

- The dismemberment or loss of use must meet this definition:

Dismemberment or loss of use	The permanent severance or complete and permanent loss of use of: <ul style="list-style-type: none">a) 1 entire finger (that means all phalanges), without loss of the handb) 1 hand and the wrist joint, without loss of the armc) 1 arm and the elbow jointd) 1 entire toe (that means all phalanges), without loss of the foote) 1 foot and the ankle joint, without loss of the legf) 1 leg and the knee jointg) Sight in 1 eye: An ophthalmologist practising in Canada must establish that the insured person has:<ul style="list-style-type: none">◦ A corrected visual acuity of less than 20/200, or◦ A field of vision of less than 20 degreesh) Speechi) Hearing: An ear-nose-and-throat specialist practising in Canada must establish that the insured person has an auditory threshold of more than 90 decibels within a speech-frequency range of 500 to 3,000 Hz.
-------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- If you suffer a loss of use, it must be complete and permanent, and last for 6 or more months.

Coma claims

- The coma must meet the following definition:

Coma	A state of deep unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours.
-------------	--------------------------------------------------------------------------------------------------------------------------------------------------

- This state of unconsciousness must correspond to a Glasgow Coma Scale (GCS) of 4 or less for a continuous period of at least 96 hours. The GCS is a scoring system used to describe the level of consciousness of patients in a coma.
- A definite diagnosis of the coma must be made by a neurologist practising in Canada.

Death claims

- If you die as a result of an accident that occurred while you were a paying passenger on board a common carrier vehicle

The common carrier vehicle must meet this definition:

Common carrier vehicle	Any vehicle operated by a carrier authorized to transport passengers by air, sea or land.
-------------------------------	-------------------------------------------------------------------------------------------

- If you die as a result of an accident that occurred while you were travelling in a common carrier vehicle as a driver, pilot, crew member or other non-paying passenger

We pay the amount for **Any other accidental death** in the **Amounts payable for the consequences of an accident** table.

4.3 Other maximum amounts payable and exclusions

Maximum amount payable under the coverage

- The maximum amount payable is limited to \$500,000 per insured person, per accident.
- However, if the insured person dies as a result of an accident that occurred while they were a paying passenger on board a common carrier vehicle, the maximum amount payable is limited to \$1,000,000 per insured person, per accident.

Maximum amount payable in case of death of multiple paying passengers on board the same common carrier vehicle

If the same accident involving a common carrier vehicle leads to the deaths of:

- More than 2 insured persons covered under the same Select Accurance contract, the amount we pay for all of these people is limited to \$2,000,000
- Several people covered under multiple Select Accurance contracts, the amount we pay for all these people is limited to \$10,000,000

If this happens, we proportionately reduce the amount we pay for each person.

Example

If 4 people covered under the same Select Accurance contract die as a result of an accident that occurred while they were paying passengers on board a plane, we'd pay \$500,000 per person, which is the \$2,000,000 maximum divided by 4.

Not all comas are covered

We won't pay any amount for medically induced comas, comas which result from alcohol or drug abuse, or for diagnoses of brain death.

If the dismemberment, loss of use or death occurs more than a year after the accident

We won't pay any amount for a dismemberment, loss of use or death that occurs more than a year after the accident.

That said, this exclusion doesn't apply if the insured person is in a coma at the end of the one-year period following the accident. In this case, Desjardins Insurance will determine the amount payable, if applicable, at the end of the coma.



You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

5

Medical and paramedical coverage



5.1 Amounts payable under this coverage

You're insured under this coverage for expenses you incur for the care, services or items indicated in the table below as a result of an accidental injury. We pay a set amount or reimburse these expenses as indicated in the table.

Amounts payable for medical and paramedical expenses		
Covered expenses	Amount payable	Maximum
Services of a registered nurse if prescribed by the attending physician	\$50 per day	30 days per accident
The services of a: <ul style="list-style-type: none"> • Chiropractor • Occupational therapist • Osteopath • Physiotherapist, or • Orthotherapist These professionals must be members in good standing of their professional association	\$25 per treatment	\$250 per accident for all of these professionals combined
Emergency transportation immediately following an accident	Reasonable expenses	\$10,000 per accident
Purchase or rental of a cane, crutches, pressure garments or a walker	Reasonable expenses	\$500 per accident
Purchase or rental of a wheelchair	Reasonable expenses	\$5,000 per accident
Purchase of an initial hearing aid	Reasonable expenses	\$700 lifetime
Purchase of an initial artificial eye	Reasonable expenses	\$700 per prosthesis, per accident
Replacement of vision-correcting glasses or contact lenses broken during an accident with 1 or more injuries	Reasonable expenses	\$300 per accident
Purchase or rental of an orthosis	Reasonable expenses	\$400 per accident

5.2 Important definitions

Expenses for which the amount payable corresponds to reasonable expenses

The expenses incurred must meet this definition:

Reasonable expenses	Expenses paid for services that don't exceed the normal rates for these services in the region where they're provided.
----------------------------	------------------------------------------------------------------------------------------------------------------------

Expenses for buying or renting an orthosis

Your orthosis must meet this definition:

Orthosis	A rigid orthopedic appliance designed to protect, immobilize or support a limb or another part of the body. The orthosis is directly attached to the body part requiring treatment.
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

6

Transportation and accommodation coverage



6.1 Amount payable under this coverage

With this coverage, you'll receive **\$75 per day**, for a **maximum of 10 days** per accident, for all of these expenses combined:

- Transportation and accommodation expenses you must incur to **receive treatments** as a result of an accident
- Transportation and accommodation expenses incurred to **remain at an insured child's bedside** if they're hospitalized as a result of an accident

6.2 Conditions

Transportation and accommodation expenses incurred to receive treatments

The treatments must not be available within 50 km of your home. This distance is calculated based on a one-way trip.

Transportation and accommodation expenses to remain at an insured child's bedside if they're hospitalized

- The insured child must be under age 25.
- The expenses can be incurred by the child's parents or someone else.
- The hospital must be located more than 50 km from the home of the insured child who is hospitalized. This distance is calculated based on a one-way trip.



You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

7

Hospitalization coverage



7.1 Amount payable under this coverage

You're insured under this coverage if you're hospitalized for more than 24 hours as a result of an accident.

In this case, we'll pay **\$75 for each complete period of 24 consecutive hours** of hospitalization following the first 24 consecutive hours of hospitalization.

We'll pay this amount for a **maximum of 30 days per accident**.

7.2 Condition

You must be hospitalized in a healthcare facility that meets the definition of "centre" in Quebec's *Act Respecting Health Services and Social Services*. In the act, centres are facilities where people are seen for preventive care, medical diagnoses, treatment or physical and mental rehabilitation. They include, but are not limited to:

- Hospitals
- Hospital centres
- Residential and long-term care centres
- Rehabilitation centres
- Local community service centres

7.3 Exclusions

No amount payable for the first 24 hours

We won't pay any amount for the first 24 hours of any hospitalization.

Facilities for which no amount is payable for hospitalization

We won't pay any amount for a stay at:

- Private practices
- Infirmarys where religious or teaching institutions receive members of their staff or students
- Convalescent, rest, long-term care or chronic care homes
- Homes for the aged



You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

8

Dental care coverage



8.1 Amounts payable under this coverage

You're insured under this coverage if you need to receive any of the dental care in the table below as a result of an accident. We'll reimburse these expenses as indicated in the table.

Amounts payable for dental care

Covered expenses	Amount payable	Maximum
Treatment or replacement of a natural and healthy tooth broken in the accident	\$250 per tooth	\$1,250 per accident for all this care combined
Repair or replacement of a denture broken in the accident	\$250 per denture	

8.2 Who can confirm injuries

For this coverage, a dentist or a doctor can confirm your injuries.



You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

Educational costs coverage



This coverage is for students only.

9.1 Amounts payable under this coverage

If you need to incur one or more of the expenses below as a result of an accident that occurs while you're a student, we'll reimburse the applicable expenses outlined in the table below, based on the maximums indicated.

Amounts payable for educational costs	
Covered expenses	Reimbursement maximums
<p>Private tutoring – Reasonable expenses paid for private tutoring if:</p> <ul style="list-style-type: none"> You have to interrupt your studies for a continuous period of at least 30 days because of your disability Private tutoring is part of your normal curriculum and is provided by a person with an appropriate teaching diploma 	<ul style="list-style-type: none"> \$30 maximum hourly rate \$3,500 per accident
<p>School transportation – Reasonable expenses for school transportation that you need to pay if you're unable to use your usual means of transportation for going from home to school and back again</p>	<ul style="list-style-type: none"> \$15 per day \$150 per accident
<p>Re-orientation – Reasonable expenses you need to pay if you have to change your field of study because of your disability</p>	<ul style="list-style-type: none"> \$4,000 lifetime, per insured person
<p>Tuition – The portion of tuition that isn't refunded by the educational institution if your disability occurs during a semester for which you've already paid your tuition</p>	<ul style="list-style-type: none"> \$2,000 per accident

9.2 Conditions and important definition

All claims

- On the date of the accident that causes you to become disabled, you must be:
 - Under age 25, and
 - A duly registered, full-time student at an educational institution that's recognized by the appropriate government authorities.
- Your disability must be solely the result of the accident.
- Your condition must require care given or prescribed by a doctor throughout your disability period. If you require specialized medical care, it must be given by an appropriate specialist for you to be considered disabled.

Private tutoring, school transportation or re-orientation expenses

- The expenses you incur must meet this definition:

Reasonable expenses	Expenses paid for services that don't exceed the normal rates for these services in the region where they're provided.
----------------------------	------------------------------------------------------------------------------------------------------------------------

 You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

Summer break disability coverage

This coverage is for students only.



10.1 Amount payable under this coverage

If you're **disabled during your school's summer break** because of an accident that occurred during the school year, we'll make monthly payments to make up for the loss of summer employment.

The amount payable is **\$850 per month**, less any amount you receive for your disability from a government board or agency, or under a private insurance plan.

10.2 Conditions

Conditions that apply to the accident that caused your disability

- The accident must occur during the school year preceding the summer break.
- On the date of the accident, you must be:
 - Between the ages of 16 and 24 inclusive
 - A duly registered, full-time student at an educational institution that's recognized by the appropriate government authorities.

Conditions that apply to your disability

- Your disability must solely be the result of the accident and prevent you from performing any paid work or continuing your studies.
- Your condition must require care given or prescribed by a doctor throughout your disability period.
- If you require specialized medical care, it must be given by an appropriate specialist for you to be considered disabled.

Conditions that apply to monthly payments

- We won't pay any amount for the first 7 days of your disability. That means you have to be disabled for more than 7 consecutive days to receive a payment or payments.
- The monthly payments are payable during your school's scheduled summer break. However, no amount is payable before May 1 or after August 31 of the same year.
- We'll stop paying the monthly amounts on the **earlier** of:
 - The date on which you no longer satisfy the conditions for being considered disabled
 - The date your school's summer break ends.
- If you weren't disabled every day in a given month, we'll adjust the amount payable for the month based on the number of days you were disabled during that month.



You should read section 12 on **pages 17 and 18**—it contains important information about the **general exclusions** and the **multiple contract limitation** that may also apply.

Child's natural death coverage



11.1 Amount payable under this coverage

We'll pay \$20,000 if an insured child who is at least 15 days old, but under the age of 25 dies of natural causes (non-accidental death).

11.2 Exclusions

We won't pay any amount if the insured child dies during the 12 months that follow the coverage start or reinstatement date and their death is the result of:

- Suicide, or
- A health problem for which they received treatment during the 6 months before, as applicable:
 - Their coverage start date, or
 - Their coverage reinstatement date

We consider the insured child to have been treated for the health problem that caused their death if they:

- Consulted a doctor, another healthcare professional or a paramedical professional, or received care from any of these people
- Underwent medical examinations or tests
- Took medication, or
- Were hospitalized



You should read section 12 on **page 18**—it contains important information about the **multiple contract limitation** that may also apply.

General exclusions and multiple contract limitation

The Select Accurance Policy includes general exclusions and a multiple contract limitation, **in addition to the exclusions and maximums specific to some coverages.**

The **general exclusions** are situations in which we won't pay any amount. They apply to the coverages in case of an accident, which are:

- Fracture, dismemberment, loss of use, coma or death coverage
- Paramedical and medical coverage
- Transportation and accommodation coverage
- Hospitalization coverage
- Dental care coverage
- Educational costs coverage
- Summer break disability coverage

The **multiple contract limitation** applies to all the coverages.

12.1 General exclusions

We won't pay any amount in the following cases:

- a) If an illness, impairment or infection contributed to the accident, injury or death
- b) If the injury or death is due to an illness or infection contracted accidentally
- c) If the accident, injury or death is due to treatment, surgery, anesthesia, medical error or any other complication or event resulting from them
For the purposes of this exclusion, Desjardins Insurance uses the word "treatment" to refer to any method used to fight a disease and attempt to cure it.
- d) If the accident, injury or death results directly or indirectly from an intentionally self-inflicted injury, attempted suicide or suicide
- e) If the accident is the result of a war, declared or not, a riot, a revolution or an act of terrorism
- f) If the accident occurs while you're participating in any criminal act or related offence
- g) If the accident results from your participation in any of the following:
 - Gliding or hang-gliding
 - Parachuting
 - Climbing or mountain climbing
 - Underwater diving
 - Bungee jumping
 - Rodeo
 - Go-karting
- h) If the accident occurs while you're:
 - Taking part in a sporting activity for which you're paid
 - Taking part in a motor vehicle competition, or
 - Training for a motor vehicle competition
- i) If the accident occurs after you've abused medication or alcohol, or if your blood contains traces of drugs (abusive use of medication is that which exceeds the dosage recommended by a healthcare specialist and abusive use of alcohol is that which results in a blood alcohol level equal to or above 80 mg of alcohol per 100 ml of blood)
- j) For incurred expenses that are payable by:
 - Any government agency, or
 - Any other private insurance plan
- k) For expenses incurred more than 2 years after the accident
- l) If you're the contract holder (the person who owns the contract): If the care or services were provided by someone who is related to you
- m) If you aren't the contract holder: If the care or services were provided by someone who is related to you or the contract holder
- n) If the amount payable is less than \$5

12.2 Multiple contract limitation

At any time, regardless of the number or types of in-force Accurance contracts you're insured under, you may only be entitled to a payment under 2 of these contracts. Desjardins Insurance will determine the amount or amounts payable based on the 2 contracts that benefit you most.

Cost of your insurance

This section is for the contract holder (the person who owns the contract).

13.1 Your premium

The premium is the amount you have to pay to benefit from the coverage provided under your contract.

When you buy your contract, you authorize us to debit your regular premium from a chequing account at a Canadian financial institution or a credit card account.

13.2 How we calculate your premium

Your premium varies depending on:

- How old each insured person is on the date the contract enters into force or on subsequent contract renewal dates
- The sex of each insured person
- The payment frequency you've selected (monthly or annual)

Here are the premiums that apply per insured person:

Premiums		
Insured person	Premium based on payment frequency selected	
	Monthly	Annual
Child aged 0 to 17 inclusive	\$5.95	\$71.40
Female aged 18 or older	\$6.95	\$83.40
Male aged 18 or older	\$9.95	\$119.40

Also, when you purchase your contract, we may give you a temporary discount on your premium as part of a promotion.

See your most recent **Confirmation of Insurance** for the premium you need to pay.

If you add someone under your contract between 2 renewals, we'll calculate the premium for this person based on how old they are on their coverage start date.

13.3 Your premium can change over time

Change in an insured person's age or end of a discount

If you've insured children aged 15 days to age 17 inclusive, your premium will increase at each renewal when any of them turn 18. Your premium can also go up when a discount ends.

However, your premium won't change:

- For fracture, dismemberment, loss of use, coma or death coverage, because the amounts payable depend on how old the insured person is when the accident happens
- For the child's natural death coverage, because no amount is payable if the child is 25 or older

Desjardins Insurance may review premiums based on age and sex

At any time, we may change the premiums based on the age and sex of the insured persons. If we do, we'll indicate your new premiums in the Confirmation of Insurance we send you before the first renewal after the change. The new premiums will apply to your contract as of that renewal.

13.4 When your premiums are due

We'll collect your first premium shortly after you buy your contract.

Afterwards, your premiums will be payable based on the payment frequency you've selected. If a premium isn't paid on time, we'll send you a written notice. You'll then have **30 days** from the date of this notice to pay your premium. Your contract will remain in force during this period.

14

Start, renewal and end of your contract

This section is for the contract holder (the person who owns the contract).

14.1 Start of your contract and coverage

Your contract and the coverage of the people you initially choose to insure will start on the day after you buy the contract.

14.2 Contract period and renewal

Your contract will be in force for one year. It will be renewed automatically at the end of each one-year period, as long as you pay your premium. You'll find the dates on which the one-year coverage period starts and ends in your Confirmation of Insurance.

We'll send you a renewal notice 45 days before each contract renewal. This notice will be your new Confirmation of Insurance. Unless we hear otherwise from you, we'll renew your contract based on the payment terms and conditions that applied when your contract started or at the most recent renewal.

14.3 End of your contract

You can end your contract at any time

There are 3 ways you can end your contract:

- Call us at **1-877-270-7721** during business hours
- Send an email to desjardinscontactscenter@dfs.ca
- Send written notice to:
Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

If you want to send us written notice, you can use the Notice of Cancellation of an Insurance Contract you were given with this policy.

If you end your contract within 30 days of receiving it

We'll consider your contract to have never started.

We'll refund any premiums you've paid, as long as you haven't made any claims.

If you end your contract more than 30 days after receiving it

- **If you end your contract during a **renewal period****
Your contract will end when the current one-year coverage period is over.
We won't refund any premiums.
- **If you end your contract at any time other than during a **renewal period****

Your contract will end the day after you phone to let us know or the day after Desjardins Insurance receives your email or written notice.

We'll refund the portion of your premium (in days) that you overpaid.

What's a renewal period?

Each renewal period starts 45 days before your contract's annual renewal date and ends on the annual renewal date.



We can end your contract

Your contract will end in the following cases:

If you miss a premium payment (other than the initial payment)

If this happens, your contract will end 30 days after the date of the written notice we send you to remind you to pay your premium, if you still haven't paid it.

If we receive a claim with fraudulent statements or omissions

(an omission is when you don't tell us something that you should)

We'll send you a letter to let you know that we're ending your contract for this reason. Your contract will end on the first day of the **insurance month** that follows the date of this letter.

We'll then refund the portion of the premium for the remaining days, if any.

If we decide to end all Select Accirance contracts

We'll need to end your contract at renewal and notify you in writing at least 30 days ahead of time.

If this happens, your contract will end when the current coverage period is over.

What's an insurance month?

Insurance months are based on the date your contract's one-year coverage period starts. So, if your coverage period starts on February 17, insurance months will start on the 17th of each month.



15

Making changes to your contract

This section is for the contract holder (the person who owns the contract).

15.1 You can make changes to your contract at any time

There are 3 ways you can make changes to your contract:

- Call us at **1-877-270-7721** during business hours
- Send an email to: desjardinscontactscenter@dfs.ca
- Send written notice to:

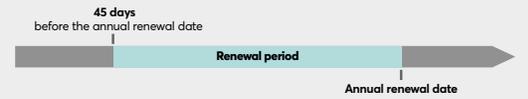
Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

Adding or removing an insured person

- **If you make the request during a renewal period**
The change will apply as of the next renewal date.
- **If you make the request at any time other than during a renewal period**
The change will apply as of the day after you call or the day after Desjardins Insurance receives your email or written notice.

What's a renewal period?

Each renewal period starts 45 days before your contract's annual renewal date and ends on the annual renewal date.



We'll reduce or increase your premium:

- As of the date the change applies, and
- Based on the number of days left until we debit your next premium.

If your premium goes up, you'll need to pay the increase for the change to apply.

Other changes

The change applies as of the date you call or the date Desjardins Insurance receives your email or written request.

Other changes include naming or changing beneficiaries and changing your premium payment frequency or method.

15.2 We can make changes to your contract

At renewal, we can make changes to your contract, as long as we make the same changes to all Select Accurance contracts. If we do make changes, we need to notify you in writing 30 days ahead of time.

We'll consider you to have accepted the changes 30 days after having received the notice we send you.

The changes apply as of your contract's renewal date.

16

Claims

16.1 Who can submit a claim

Claims must be submitted by the contract holder. If this person is deceased, any other adult who claims to be entitled to the payment can submit the claim.

16.2 How to submit a claim

Documents you need to provide

For **life or dismemberment or loss of use** claims: You need to call us at **1-877-886-5042**. We'll send you the claim forms you have to complete and let you know what other documents you need to provide.

For all other claims: You can get a copy of the required form by:

- Going to www.desjardins.com/accurance
- Calling us at **1-877-886-5042**

Where to send your claim

You'll then need to send the required documents to:

Desjardins Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

You can send some documents to us electronically

You can use this secure link to send us most of your documents:

www.desjardinslifeinsurance.com/send

If we ask you for original documents, you can't use the link—you have to mail them to us.

What we may ask you for

Once we've received your claim, we may ask you for any information, proof or document that we feel is necessary to assess your claim.

We may also ask for the insured person for whom you're making the claim to be examined by a doctor of our choosing.

16.3 Deadlines

You need to submit your claim within **30 days** following the date of the event that may give rise to a payment.

You need to provide any additional information, proof or documents we may ask for within **90 days** of the date of the letter in which we ask you for them.

If you don't meet these deadlines, we may accept your claim anyways, but you'll need to explain why you weren't able to. You'll have to send us all the information, proof and documents required within the year following the date of the event that may give rise to a payment.

16.4 Payment conditions

For a payment to be made, an event must occur while your contract is in force. We also use the conditions of your contract that apply when the event occurs to determine:

- If a person is insured or an amount is payable, and
- The payment amount, if applicable

16.5 We'll process your claim within 60 days

Once we've received all the documents we've asked for, we'll assess your claim.

If we approve your claim

We'll make a payment within **60 days** of receiving all the information, proof and documents we've asked for.

If we deny your claim or we only pay some of the amount claimed

We'll send you a letter explaining the reasons for our decision within **60 days** of receiving all the information, proof and documents we've asked for.

What happens if you provide inaccurate or incomplete information

We won't pay any amount if we receive a claim that includes false statements or omissions, whether fraudulent or not. An omission is when you don't tell us something that you should. If this happens, anyone who's received amounts to which they weren't entitled will have to pay them back to us, at an interest rate that Desjardins Insurance considers to be reasonable.

16.6 Who we'll pay amounts to

Keep in mind that the contract holder is the person who owns the contract.

Reimbursement of expenses incurred

We'll pay the amounts to the contract holder.

If an insured person dies

We'll pay the applicable amount to:

- a) The contract holder, if living, or
- b) The named beneficiary,* if living, or
- c) The insured person's legal heirs

* If you're the contract holder, you can name a beneficiary or beneficiaries by filling out the beneficiary designation form we give you. Beneficiary designations are valid for the duration of your contract. You can change a beneficiary at any time by notifying us in writing. We don't accept any responsibility regarding your choice of beneficiary.

For all other claims (amount payable for a fracture, etc.)

We'll pay the applicable amount:

- a) If the insured person is **under age 18** on the date of the payment, to:
 - The contract holder, if living, or
 - The insured person's guardian
- b) If the insured person is **age 18 or older** on the payment date, to:
 - The insured person

16.7 Currency

The amounts indicated in this policy are in Canadian dollars. For eligible expenses that are incurred outside Canada, we use the exchange rate in effect on the payment date.

16.8 Division of expense reimbursements

You can never be reimbursed for more than the expenses you've paid, even if you're covered under more than one insurance contract or plan.

If you make a claim for expenses that are also covered by one or more other insurance contracts or plans (private or public), Desjardins Insurance is the "last payer." In other words, we'll only reimburse the portion of expenses that aren't reimbursable under these other insurance contracts or plans.

However, if these other insurance contracts or plans also state that they're the last payer or if they include a coordination clause, the reimbursement will be divided between these insurance contracts or plans and your Select Accurance contract, based on the amounts that should have been paid by each.

16.9 Assignment of your rights of recourse in the event of a claim (right of subrogation)

In the event of a claim due to damage caused by a third party, you assign us your right to sue this third party and any other right that you may have against them. We'll exercise this recourse on your behalf and at our expense, up to an amount equal to what we paid you for the damage in question.

If you're not satisfied

17.1 If you're not satisfied with our claim decision

Asking for a review of your claim

If we deny your claim, you can send us additional information and ask us to review your claim.

Filing a complaint with our Complaints Handling Team

If you still aren't satisfied after we've reviewed your claim, you can file a complaint with our Complaints Handling Team. Their role is to evaluate whether we've followed proper practices and procedures when clients feel they haven't received the service they're entitled to.

Here's how to contact our Complaints Handling Team:

Complaints Handling Team

Desjardins Insurance
100 rue des Commandeurs
Lévis QC G6V 7N5

Email: complaints@desjardins.com

Phone: 1-888-556-7212

Another option

If you want to challenge our decision in court, you only have a certain amount of time to do so. It's called the limitation period and it varies depending on where you live: In Ontario, it's 2 years and in Quebec, it's 3 years.

Find out more

You can contact the regulator for your home province or territory, or your legal advisor for more information on your rights.

Here's the contact information for the Ontario and Quebec regulators:

For Ontario residents

Financial Services Regulatory Authority of Ontario

5160 Yonge Street
PO Box 85
Toronto ON M2N 6L9

Email: contactcentre@fsrao.ca

Website: www.fsrao.ca

Phone: 416-250-7250 or 1-800-668-0128

Fax: 416-590-7070

For Quebec residents

Autorité des marchés financiers

Place de la Cité, Tour Cominar
400-2640 boul. Laurier
Quebec City QC G1V 5C1

Website: www.lautorite.qc.ca

Phone: 418-525-0337 or 1-877-525-0337

Fax: 418-525-9512

17.2 If you're not satisfied with your insurance or the service you received

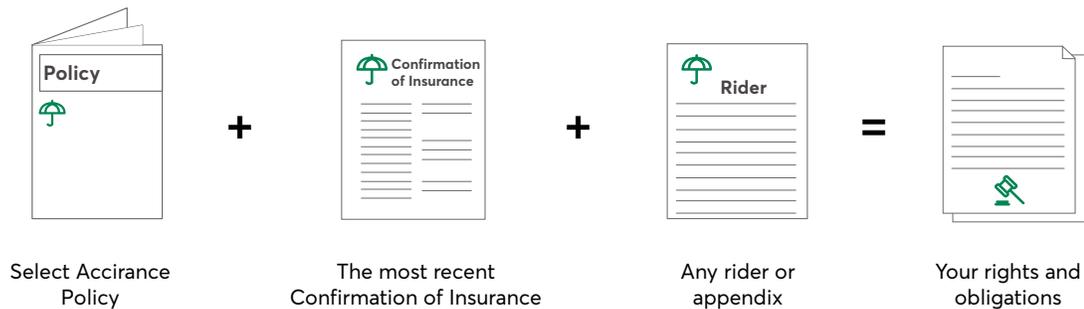
Do you have any concerns or are you dissatisfied with your contract or the service we've provided? Let us know by contacting our customer service department at **1-877-270-7721**.

If you'd like to make an official complaint, you have 2 options:

- You can contact our Complaints Handling Team at 1-888-556-7212, or
- You can use the complaint form available on our website at: www.desjardinslifeinsurance.com/complaint

18 Documents making up your insurance contract

This section is for the contract holder (the person who owns the contract).



What are these documents for?

These documents explain your rights and obligations. They form an agreement between 2 parties, you and us (Desjardins Insurance).

Policy and Confirmation of Insurance

The **policy** is a generic document that provides everything there is to know about Select Accurance—it's not personalized. In the **Confirmation of Insurance**, you'll find information that's specific to your contract, like the names of the insured persons, the coverage period, as well as your premium and the payment method you've selected.

Your contract may also include riders or appendices to amend or update the contract.

We'll send your policy and a Confirmation of Insurance to you after you buy your contract.

New Confirmation of Insurance at each renewal

We'll send you a notice 45 days before each contract renewal to confirm the conditions that will apply during the next coverage period. This notice is a new Confirmation of Insurance, which replaces the previous one.

New Confirmation of Insurance when you make changes to your contract

If you make changes to your contract, we'll send you a new Confirmation of Insurance, which replaces the previous one.

Insured persons and contract holder

The following persons are insured under your Select Accurance contract:

- Any person whose name appears on the most recent Confirmation of Insurance, as long as you've paid the premium for their coverage
- Any child who's automatically covered under the insurance (see section 1 for more details)

Since you're the contract holder, you're the person we'll send the Confirmations of Insurance to. Because the contract holder can change, the contract holder is always the person to whom we've sent the most recent Confirmation of Insurance.

Change of address or financial institution

You're responsible for notifying us of any changes to your address or to the financial institution where you do business for the payment of your premiums.

If you don't let us know about these changes and we're unable to collect your premium, we'll assume that you want to end your contract. If this is the case, your contract will end 30 days after the date on which we'll have sent you a premium reminder, if you still haven't paid your premium.

Collateral

You can't use your contract as collateral.



Denis Dubois
President and Chief Operating Officer



Chantal Gagné
Senior Vice-President
Life and Health Insurance

Appendix

Assistance services

Desjardins Insurance is pleased to offer you free access to assistance services to guide, protect and support you in your day-to-day life. You have access to these services as soon as your insurance starts.

You'll never feel alone!

We guide you and help you when you need it the most! Assistance services are provided by specialists and are confidential and free of charge.

Assistance services you need!

Whether you need psychological help, support in finding convalescent care or answers to your legal questions, you'll find the assistance services provide great help!

Need help?

Visit www.desjardins.com or call **1-877-477-3033**. Service offered 24/7.

Here's a brief description of the assistance services available to you:

Psychological Assistance

A confidential phone service that includes a set number of consultations with mental health professionals to help you during difficult times.

Here's an example:

"My wife just found out she has cancer. I'd like some advice on how to break the news to my children without scaring them."

Autonomy Assistance

A phone service for people who are experiencing a loss of independence and for their caregivers. You can get recommendations and help with coordinating housekeeping and daily living services. (These services are provided at your expense.)

Here's an example:

"I've just had surgery and am going home. I'm going to need help with housework and changing my dressings. Can you help me arrange it?"

Estate assistance

Easy access to flexible, personalized service to help you with your duties as liquidator (executor). Just pick up the phone to get free legal advice from a lawyer who is a member of the bar.

Here's an example:

"My father just passed away and I am responsible for settling his estate. What are my duties and responsibilities?"

Notice of Rescission of an Insurance Contract

Schedule 5

(s.31)

Notice given by a distributor

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

The act respecting the distribution of financial products and services gives you important rights.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

Notice of rescission of an insurance contract

To: _____ (name of insurer)

_____ (address of insurer)

Date: _____ (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract number: _____ (number of contract, if indicated)

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

Name of client: _____

Signature of client: _____