

Line of Credit Insurance Guide

Group credit insurance providing life and disability coverage for caisse members

Important! Before you file this guide away:

- Read the **exclusions and limitations**, which are identified by this symbol:  (see page 11 and pages 14 to 16)
- Read the situations that will terminate your coverage (see page 17)

Questions?

Contact your caisse or call the insurer at
1-888-905-7065



Desjardins
Insurance

LIFE • HEALTH • RETIREMENT

Desjardins Insurance refers to Desjardins
Financial Security Life Assurance Company.

For Quebec residents

Notice from the Autorité des marchés financiers

The Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide. The insurer alone is responsible for any discrepancies between the wording of the guide and the policy.

Desjardins Financial Security
Life Assurance Company
200 rue des Commandeurs
Lévis QC G6V 6R2

1-888-905-7065

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Introduction

What's this guide for?

This guide is produced by Desjardins Financial Security, the insurer that provides Line of Credit Insurance. It is designed to help you decide for yourself, without the help of an insurance representative, whether the product meets your insurance needs.



Words written in *italics* are defined on pages 20 and 21.

To keep things simple, we've also used the word **caisse** to refer to all of the financial institutions that distribute Line of Credit Insurance.

Product description

What is Line of Credit Insurance? (Nature of the coverage)

Line of Credit Insurance is an insurance product sold by a *caisse* to its members. It's for people (or businesses) who borrow money using a line of credit.

There are two kinds of coverage included in this insurance:

- **Life insurance:** With this coverage, when the insured person dies, the *balance* of the line of credit will be repaid in part or in full.
- **Disability insurance:** With this coverage, if the insured person becomes totally disabled, their line of credit payments will be made for them, in part or in full.

Summary of conditions and features

a) General

Am I eligible for coverage?

For a line of credit taken out by a person, you're eligible if you are:

- The borrower
- The borrower's *spouse*
- The borrower's *guarantor*

For a line of credit taken out by a business, you're eligible if you are:

- A member, shareholder, officer or owner of the business
- The *spouse* of one of these people
- A *guarantor* for the business.

By **business**, we mean any association, corporation, cooperative, company or partnership.

Do I have to take out both life and disability coverage, or can I choose just one?

You have two options to choose from:

- Life insurance only
- Life insurance **and** disability insurance

Is there an age limit?

For life insurance

You need to be under 70.

For disability insurance

You need to be under 65.

Is there a maximum amount of insurance?

Yes. The following maximums apply:

- The maximum amount of life insurance you can choose is **\$10,000,000** per insured person (there are conditions – see the next question)
- The maximum monthly amount of disability insurance you can choose is **\$10,000** per insured person (there are conditions – see the next question)

Important: These maximums apply to all the loans and lines of credit you decide to insure under a Line of Credit Insurance or Loan Insurance contract issued by us, and it doesn't matter if you hold them all at the same caisse or at different caisses. That means if you're covered under more than one contract, the combined total of all the life and disability insurance amounts applicable in the event of a claim can't exceed the above maximums.

Are there conditions related to the size of my line of credit?

Yes. You can purchase insurance on a line of credit only if **both of the following conditions** are met:

- The approved line of credit amount is at least \$10,000.
- The amount of insurance you ask for doesn't exceed the approved line of credit amount.

Both of these conditions must continue to be met **at all times** for your insurance to stay in effect.

How do I apply?

You'll need to fill out an Application for Insurance and list the name(s) of the person or people you want to insure. You'll also need to indicate the amount of insurance you want for each type of coverage.

Is there a health questionnaire?

There are some insurability questions you'll need to answer on the Application for Insurance. Every eligible person on your application will need to answer these questions.

The answers to these insurability questions help us determine:

- If we can approve your application automatically
- or
- If any of the people on the application have to fill out an Evidence of Insurability Report, which is a separate questionnaire about their health and lifestyle habits (your caisse will provide you with one if needed)



If an Evidence of Insurability Report is required, you'll need to fill it out and return it to your caisse within 14 days of the date you sign the Application for Insurance and **follow up as required.**

When does my coverage start?

Your coverage will start on the **later** of following dates:

- The date the Application for Insurance is signed
- The date you get access to your line of credit

If you don't get access to your line of credit within 6 months of signing the Application for Insurance, you'll need to complete a new Application for Insurance (and a new Evidence of Insurability Report, if applicable).

Exception for anyone who needs to complete an Evidence of Insurability Report

If you have to complete an Evidence of Insurability Report, **you're covered in case of accident only** until we decide whether to approve or deny your application for insurance. The date this *accident-only* coverage takes effect is the same as described above, but it can only last **for a maximum of 3 months.**

Within 30 days of receiving the forms and information we need to process your application, we'll send you a letter letting you know whether or not we've approved your application.

What is my confirmation of coverage?

The signed Application for Insurance is your confirmation of coverage.

Exception: If you have to complete an Evidence of Insurability Report, your confirmation of coverage is the letter confirming that we've agreed to insure you.

Where can I find my amount(s) of insurance?

When you apply for Line of Credit Insurance, we'll send you a letter confirming the amount(s) of insurance that will apply in the event of a claim. If you request a change to your insurance, we'll send you another letter confirming the new amount(s) of insurance.

In the event of a claim, the applicable amount of insurance will be the **most recent** amount confirmed by us in a letter.

Who will the claim amount be paid to?

The borrower is automatically considered to be the beneficiary of all the benefits payable under the Line of Credit Insurance.

We'll pay the amount of any benefit to your *caisse*, which will apply it to the *balance* of the line of credit. If there's anything left over, it will be deposited into your personal chequing account.

If you prefer, you can designate someone else as the beneficiary. You'll need to fill out a form, which you can get from your *caisse*. If you do so, we'll pay the amount of any benefit to your *caisse*, which will apply it to the *balance* of the line of credit. If there's anything left over, it will be paid to the person you've designated as the beneficiary.

How is the cost of my insurance calculated?

The cost of your insurance (in other words, the **premiums** you'll pay) depends on:

- Your life insurance amount and your disability insurance amount, if applicable
- The number of people insured and the age range that each of them belongs to on the date a premium is collected

Premiums are revised each time an insured person moves into another age range. We'll send you a letter 60 days in advance to let you know about any change to your premium amount.

We reserve the right to change the cost of insurance at any time.

How do I pay my premiums?

Premiums are due on the first day of every “insurance month” and will be collected from your personal chequing account at the beginning of each one.

Your **insurance months** are based on the date your coverage takes effect. So if your coverage starts on May 15, your insurance month will always start on the 15th of each month, and your premiums will be collected on or around that date.

Note that your first 2 premiums will be collected from your account at the start of your second insurance month.

What happens if I miss a premium payment?

Coverage terminates 30 days after the due date of any premium that remains unpaid.

If I'm denied for a new application for insurance or an application to increase my coverage, will I be entitled to anything?

Yes, if you're denied for a new application for insurance or an application to increase your coverage for health reasons, you'll be entitled to the following:

- If you apply for an increase to your amount of insurance and we deny your application, you'll keep the amount of insurance you already had.
- If you close a line of credit that you're insured on and open a new one within 14 days, and we decline to insure you on this new line of credit, you can ask to keep the amount of insurance you had on the line of credit you closed. To exercise this option, you'll need to speak to an advisor at your caisse.

In all cases, the amount of insurance you keep can't exceed the approved amount of the new line of credit.

b) Life insurance

What do I get from this coverage?

If you die while you're insured under this coverage, we'll pay out the applicable life insurance amount. (See [Where can I find my amount\(s\) of insurance?](#) on page 9.)

IMPORTANT – LIMITATIONS

Is there a dollar limit on the death benefit?

 Yes. The maximum amount payable in the event of death is \$10,000,000 per insured person.

If the insured person who dies is covered by more than one Line of Credit Insurance contract or by one or more Loan Insurance contracts issued by us, this \$10,000,000 limit is the maximum amount payable for all contracts combined. It doesn't matter if the insured loans and lines of credit are all held at the same caisse or at different caisses.

Is there a limitation in case of suicide?

 Yes. If the cause of death is suicide and the line of credit has been insured for less than 6 months, we'll pay the smaller of the following amounts:

- The *balance* of the line of credit on the date of death
- The amount of insurance
- \$75,000

If the insured person who dies is covered by more than one Line of Credit Insurance contract or by one or more Loan Insurance contracts issued by us, the maximum amount payable for all contracts combined will be \$75,000. It doesn't matter if the insured loans and lines of credit are all held at the same caisse or at different caisses.

c) Disability insurance

What do I get from this coverage?

If you become totally disabled while you're insured under this coverage, we'll pay out the applicable monthly disability insurance amount. (See [Where can I find my amount\(s\) of insurance?](#) on page 9.) We'll also refund the premium payments that are collected every month for both your life and your disability insurance.

What does it mean to be totally disabled for the purposes of this coverage?

The definition of total disability (or totally disabled) varies depending on the number of hours worked during each of the 4 weeks prior to the onset of total disability:

- If you were gainfully employed for at least 20 hours:
 - It is a state of incapacity resulting from an illness or an *accident* that requires continuous medical care.
 - This state of incapacity must completely prevent you from performing all the usual duties of your main occupation.
 - If the state of incapacity persists for more than 24 months, it must completely prevent you from engaging in any gainful occupation.
- If you were not gainfully employed for at least 20 hours:
 - It is a state of incapacity resulting from an illness or an *accident* that requires continuous medical care.
 - This state of incapacity must prevent you from performing all the normal activities of a person of the same age.

The illness or the injuries resulting from an *accident* and your state of health must be certified by a physician.

When do disability benefits start?

- **If the total disability is the immediate result of an *accident* or if it requires you to be hospitalized for at least 72 consecutive hours**

To be eligible to receive the applicable benefits, you need to be totally disabled for a continuous 30-day period. We'll start issuing benefit payments on the 31st day of total disability. No benefits are payable for the first 30 days of total disability.

- **For any other total disability**

To be eligible to receive the applicable benefits, you need to be totally disabled for a continuous 90-day period. We'll start issuing benefit payments on the 91st day of total disability, but these payments will be retroactive to the 31st day. No benefits are payable for the first 30 days of total disability.

When do disability benefits end?

You'll stop receiving benefits on the **earliest** of the following events:

- Your condition no longer meets the definition of total disability
- You start doing paid work
- You begin a training program
- You return to school
- You refuse to participate in good faith in a rehabilitation program that we deem appropriate
- We've issued 60 monthly payments for an insured person for a single period of total disability
- Your coverage ends (see [When does my coverage end?](#) on page 17)

IMPORTANT – EXCLUSIONS AND LIMITATIONS

Is there a dollar limit on disability benefit payments?



Yes. The maximum amount payable in the event of total disability is \$10,000 per month per insured person.

If you're covered by more than one Line of Credit Insurance contract or by one or more Loan Insurance contracts issued by us, this \$10,000 limit is the maximum monthly amount payable for all contracts combined. It doesn't matter if the insured loans and lines of credit are all held at the same caisse or at different caisses.

Is there any situation where you won't pay disability benefits?



Yes. There are 2 exclusions:

Exclusion 1 – Specific types of total disability

No benefits will be paid for a total disability that occurs:

- As a result of deliberate actions you make, while sane or insane
- During a war, insurrection or riot
- During your involvement in a criminal act
- As a result of corrective measures or cosmetic treatments

Exclusion 2 – Total disability that occurs in the first 2 years of coverage

Did the total disability begin in the first 2 years of coverage? (See [When does my coverage start?](#) on page 8.)

If so, answer the following questions to find out whether the total disability is covered or excluded.

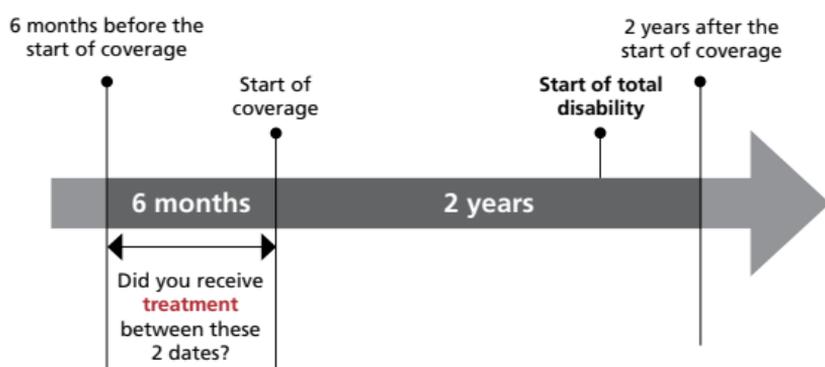
Pssst! For the purposes of this exclusion, you're considered to have been **treated** or received **treatment** for an illness or injury if, for the illness, the symptoms associated with the illness or the injury, you:

- Consulted or received treatment from a physician or other health practitioner who belongs to a professional body
- Underwent tests
- Took medication
- Were hospitalized

Question 1

In the 6 months immediately preceding the start of your coverage, were you **treated** for the symptoms, illness or injury that led to the total disability?

The following timeline may help you answer this question:



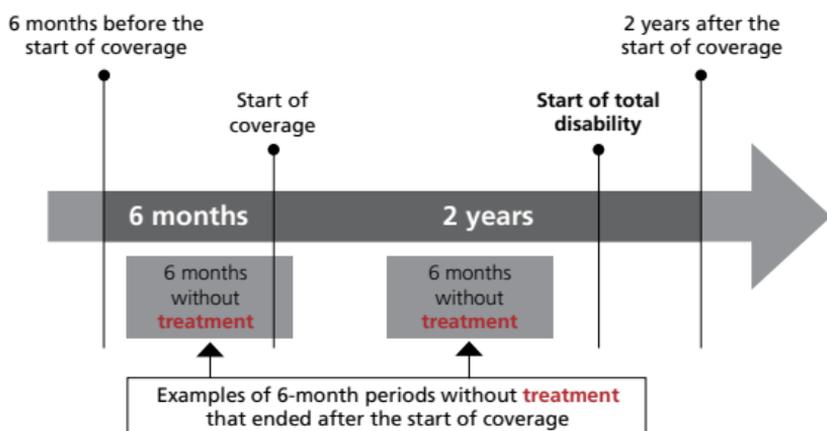
If the answer is no:
The exclusion doesn't apply. You can skip question 2.

If the answer is yes:
Go to question 2.

Question 2

Was there a continuous period of 6 months ending after the start date of your coverage during which you received no **treatment** for the symptoms, illness or injury that led to the total disability?

The following timeline may help you answer this question:



If the answer is yes:
The exclusion doesn't apply.

If the answer is no:
The exclusion applies. No benefit is payable for the total disability.

d) Termination of coverage

Is there a cut-off date if I want to terminate my coverage?

You can terminate your coverage at any time.

You can do so by:

- Signing a form at your caisse
- or
- Sending us written notice by registered mail to the following address:

Desjardins Financial Security
200 rue des Commandeurs
Lévis QC G6V 6R2

You can use the **Notice of cancellation of an insurance contract** on page 24.

If you terminate your insurance **within 30 days** of signing the Application for Insurance:

- We'll consider you to have never been insured.
- We'll refund any premiums you've paid, provided you didn't make any claims.

When does my coverage end?

An insured person's coverage terminates on the **earliest** of the following dates:

- The last day of the insurance month in which the insured person turns:
 - 70 for life insurance; or
 - 65 for disability insurance;
- The last day of the insurance month in which:
 - You send us a written request to terminate the coverage for the insured person
 - You cancel your authorization to have premiums collected from your personal chequing account
 - You stop being a member of the caisse
- The last day of the insurance month in which we notify the caisse in writing that the Application for Insurance submitted for the insured person has been cancelled or denied
- The date that coverage has been in effect for 3 months and we have not yet approved or denied the evidence of insurability provided by the insured person
- The date on which your line of credit is closed
- The date on which your approved line of credit amount falls below \$10,000
- 30 days after the due date of any premium that remains unpaid
- For disability insurance: the date on which the life insurance terminates for the insured person
- The last day of the insurance month in which written notice of termination is issued for the group contract or a particular coverage



If the insurance terminates before the last day of an insurance month, we will reimburse you for the unused portion of the premium (based on the number of days).

Your **insurance months** are based on the date your coverage takes effect. So if your coverage starts on May 15, your insurance month will always start on the 15th of each month.

The claims process

a) Procedure for the person making the claim

Where can I find the documents I need?

There are 3 ways to get the documents and forms you'll need and instructions on how to submit your claim:

- Visit claim.desjardinslifeinsurance.com
- Call us at **1-877-338-8928**
- Talk to an advisor at your caisse

What documents do I need to provide and what are the deadlines?

For a death

You'll have to submit the required forms along with proof of death.

These documents should be submitted to us as soon as reasonably possible.

For a total disability

You'll have to submit the required forms along with the supporting documents we ask you to provide.

We need to receive these documents no later than 1 year after the start of your total disability.

If we receive these documents more than 1 year after the start of your total disability, we'll only pay benefits for the 12-month period preceding the date we receive your claim. For example, if you send us a claim 18 months after the start of your total disability, we will only pay benefits for the 12 months preceding receipt of the claim.

We reserve the right to have you examined by a physician of our choice when you submit a claim.



You'll be responsible for any fees charged by a physician to complete the necessary forms.

b) Our response to your claim

What happens after the claim is submitted?

Once we receive all the documents we requested, we'll study your claim and send you a letter informing you of our decision within 30 days.

If we approve your claim, we'll issue payment within **30 days** of our decision.

c) If you disagree with our decision (appeal process)

Can I ask for a review of my claim?

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

What other appeal options do I have?

If you want to challenge our decision in court, you'll need to do so before the limitation period runs out in your legal jurisdiction. In Quebec, the limitation period is 3 years; in Ontario, it's 2 years. The period begins on the date your claim is denied.

For more information about your legal rights, contact the regulator in your province of residence (see below) or your legal advisor.

Similar products

There are other insurance products available on the market that provide similar coverage.

Regulators

The regulator in your province of residence can provide you with information about our obligations as an insurer, or about the obligations of your caisse as a distributor of insurance.

Here is the contact information for the regulators in Quebec and Ontario.

a) Autorité des marchés financiers (for Quebec residents)

Autorité des marchés financiers
Place de la Cité, Tour Cominar
400–2640 boul. Laurier
Quebec City QC G1V 5C1

Website: autorite.qc.ca

Phone: 418-525-0337 or 1-877-525-0337
Fax: 418-525-9512

b) Financial Services Commission of Ontario (for Ontario residents)

Financial Services Commission of Ontario
5160 Yonge Street
PO Box 85
Toronto ON M2N 6L9

Email: contactcentre@fSCO.gov.on.ca

Website: fSCO.gov.on.ca

Phone: 416-250-7250 or 1-800-668-0128
Fax: 416-590-7070

Other information

What are the definitions of the words written in *italics* in this guide?

Accident: a bodily injury certified by a physician, resulting directly—and independently of all diseases or other causes—from a sudden and unforeseen external cause.

Balance: the amount of capital extended by the caisse, plus accrued interest, minus the instalment payments made by the borrower.

Guarantor: a person who agrees in writing to repay the borrower's debt to the caisse, in full or in part, if the borrower defaults.

Spouse: your spouse is:

- a) a person who is married to you or living in a civil union with you
 - or
 - b) a person who can prove that they have lived openly with you as your spouse
 - i) continuously for more than one year
 - or
 - ii) for any period if a child has been born of your union
- and you haven't been separated for more than 3 months.

What documents make up my Line of Credit Insurance contract?

The documents that form your insurance contract are:

- Your Application for Insurance and any Evidence of Insurability Reports
- Any letters you've received confirming your coverage and the applicable amount(s) of insurance
- The insurance policy between us (Desjardins Financial Security) and your caisse
- Any riders on the insurance policy

You can read the policy at your caisse during normal business hours. You can also request a copy for a fee.

Is contract renewal guaranteed?

The group Line of Credit Insurance contract between us (Desjardins Financial Security) and your caisse isn't guaranteed to be renewed. However, if the contract is ever terminated, you'll be given the option to convert your coverage to an individual policy, as explained in the next question.

Can I convert my Line of Credit Insurance to an individual insurance policy?

Yes. If your insurance terminates for any of the following reasons, you can get an individual life insurance policy without having to answer any questions about your health or lifestyle habits:

- Because you stopped being a member at the caisse where the Line of Credit Insurance was taken out (or because the borrower stopped being a member of the caisse, if you're not the borrower)
- Because the group Line of Credit Insurance contract between us (Desjardins Financial Security) and your caisse terminates and isn't replaced, on the condition that you've been insured for at least 5 years

In all cases, you'll have 31 days from the date your Line of Credit Insurance ends to apply for an individual policy, and you'll need to be under age 65 on the date of your application.

Conditions apply to the individual life insurance policy that you can get.

Notice of cancellation of an insurance contract

Notice given by a distributor

Section 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 allows you to cancel any insurance contract you sign at the same time you sign another contract (for example, to open a line of credit) **without penalty, within 10 days of signing it (we give you 30 days)**. To do so, you'll need to sign a form at your caisse or send us notice by registered mail within that timeframe. You can use the Notice of Cancellation of an Insurance Contract on the next page.
- If you cancel your insurance contract, the contract you signed to open your line of credit will remain in force. However, if you were granted any special conditions for signing the insurance contract, you may lose them. Find out by contacting your caisse or reading your contract.
- After the 30-day period, you can terminate your insurance at any time.

For more information on the Act and your rights, contact the regulator in your province of residence.

Notice of cancellation of an insurance contract

There are just **2 steps** to follow to cancel your insurance:

1. Fill out this notice.
2. Send it to us by registered mail to the following address:
Desjardins Sécurité financière
Contract Administration –
Line of Credit Insurance
200 rue des Commandeurs
Lévis QC G6V 6R2

As permitted under section 441 of the *Act Respecting the Distribution of Financial Products and Services*, I hereby cancel my Line of Credit Insurance.

Your name (please print)

Your signature

Date you are sending this notice

I applied for Line of Credit Insurance:

on: _____
(Date on which you signed the Application for insurance)

at: _____
(City where you signed the Application for insurance)

Name of your caisse

Caisse ID number (transit)

Your folio

Line of credit number

Date of birth

(AMCXXXXXX)

Contract number*

* You can find this number on the letter we sent you to confirm your coverage.

From the Act Respecting the Distribution of Financial Products and Services

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 of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

441. A client may rescind 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 rescinded, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time. However, a contract may provide that the rescission or cancellation 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 of the Authority, 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 rescinds, cancels 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.

How we manage your personal information

Any personal information we have about you will remain confidential. We will keep your information on file and may contact you about other financial services you may be interested in (e.g., insurance, annuity or credit products). However, your information will only be accessed by employees who need to do so in the course of their work.

You have the right to review your information and to correct anything that you can prove to be inaccurate, incomplete, unclear or unnecessary. You can do so by sending a written request to our Privacy Officer at the following address:

Privacy Officer
Desjardins Financial Security
200 rue des Commandeurs
Lévis QC G6V 6R2

We may send promotional messages or product offers to people on our client list. We may also share this list with other Desjardins entities for the same purpose. If you don't want to receive these kinds of offers, you can have your name removed from this list by sending a written request to the Privacy Officer at the above address.

If you have a complaint

Do you have any concerns about your insurance? Are you dissatisfied with the product or service you received? If so, we want you to let us know. Here's what you need to do:

1. Contact the person or the caisse that sold you the insurance

You can find the phone number in the documentation you received when you applied for the insurance. Call and ask for an explanation. In most cases, this call is all it takes to get the answers you're looking for.

2. Call our Customer Contact Centre

If you're not fully satisfied with the answers you were given in step 1, call our Customer Contact Centre at **1-866-838-7584**.

3. Write to our Dispute Resolution Officer

If you're not satisfied with the response you receive from our Customer Contact Centre, you can file a complaint with Desjardins Financial Security's Dispute Resolution Officer. Their role is to evaluate the merits of our company's decisions and the soundness of our practices when clients feel they haven't received the service they're entitled to.

You can write to the Dispute Resolution Officer at:

Dispute Resolution Officer
Desjardins Financial Security
200 rue des Commandeurs
Lévis QC G6V 6R2

or: disputeofficer@dfs.ca

You can also call **1-877-838-8185**.

For more information about what to do if you're dissatisfied or have a complaint, or to download our complaint form, visit dfs.ca/complaint.

Some tips to speed up the process:

- Gather all the relevant documents and information you'll need to explain your situation in detail: statements, names of employees you've dealt with, the date you experienced your problem, etc.
- Whenever you contact us, write down the name of the person you deal with and the date of your interaction.
- Include your name, address and phone number anytime you write to us.

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 will never feel alone!

We guide you and help you when you need it the most! The assistance services, which are offered by specialists in several languages, are confidential, free of charge and available 24/7.

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 to be of great help!

Need help?

Visit desjardins.com/gpsprogram or call:

1-877-477-3033

Services offered 24/7

See the following page for more information on the assistance services.

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



Psychological Assistance

Confidential service offered by psychologists who actively listen and provide support when you are experiencing difficulties.

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."



Convalescence Assistance – Case Management

Telephone service offered by a team of medical experts and assistance coordinators to help you find the information and providers you need to recover from an illness, accident or surgery.

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?"



Legal Assistance

Service offered by lawyers who are members of the bar to help you with issues concerning family law, hidden defects, consumption and commercial law, by providing you with clear legal information on your rights and recourses.

Here's an example:

"I've been let go from my job for reasons that don't seem valid to me. Do I have any recourse? What can I do if I think I've been wrongfully dismissed?"



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