

If the insurance was offered to me in Quebec

Credit Balance Insurance Summary (for individuals)

This summary provides you with basic information about Credit Balance Insurance (for individuals).

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:



Credit Balance Insurance Booklet (for individuals)

This booklet provides you with what you need to know about Credit Balance Insurance (for individuals) and is part of your insurance contract.

Click the icon to access the document:



Notice of Cancellation of an Insurance Contract

You can complete this form to end your coverage. You'll also find a similar form at the end of the booklet.

Click the icon to access the document:



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

Credit Balance Insurance Booklet (for individuals)

This booklet provides you with what you need to know about Credit Balance Insurance (for individuals) and is part of your insurance contract.

Click the icon to access the document:





What's this summary for?

This summary provides you with basic information about Credit Balance Insurance so you can decide if this product is right for you.

For more details, see the following 2 documents:

1. Credit Balance Insurance (for individuals) Booklet

The booklet contains everything you need to know about this insurance and must be provided to you with this summary. You can also find it online at www.desjardins.com/balance.

2. Credit Balance Insurance (for individuals) Policy

The policy is the contract issued between the Fédération des caisses Desjardins du Québec and us (Desjardins Insurance) to offer you this insurance. You may consult it at the head office or ask for a copy at your expense.



1. Your 3 coverages at a glance

Here's an overview of the 3 coverages included with Credit Balance Insurance:

ur credit account and covered financing indicated on the last generated before or on the day of your death.
0 per insured person.
amount payable under the insurance if a person commits suicide ears after the insurance was purchased or new financing was
vered if you had a health problem before the insurance was financing was obtained. To find out more about this, see section
amount if your death is the direct or indirect result of one of the
actions by you
on or attempted participation in a criminal act or an attack, or
wing events, regardless of whether or not you participated in
declared or not
entation
or sm.
the contraction of the contracti

Disability	
Payment amount	20% of the balance of your credit account and the instalment for each covered financing indicated on the last account statement generated before or on the day you become disabled.
	Maximum: \$10,000 per month per insured person, and \$50,000 for a same disability.
Criteria you must meet	Your disability must be total, which means that it must meet the definition set out in the Credit Balance Insurance Booklet.
Waiting period	You have to be disabled for more than 30 consecutive days to be entitled to benefit payments. This doesn't apply if your disability is due to a cancer that meets certain criteria.
Restriction	You may not be covered if you had a health problem before the insurance was purchased or new financing was obtained. To find out more about this, see section 3 of this summary.
Exclusions	We won't pay any amount for a disability:
	Resulting from deliberate actions by you
	 Occurring during a war (whether declared or not), a public confrontation, a revolt, an act of terrorism or a riot
	 Occurring while you're participating or attempting to participate in a criminal act or an attack.



Involuntary Loss of employment

Payment amount	20% of the balance of your credit account and the instalment for each covered financing indicated on the last account statement generated before or on your last day of work.
	Maximum: \$10,000 per month per insured person, and \$50,000 for a same loss of employment.
Criteria you must meet	You must have worked at least 20 paid hours per week for the same employer for at least 4 consecutive months when you lose your job.
	The job you lost must also meet all of these criteria:
	It must not be casual or seasonal
	 It must require you to contribute to the federal government's employment insurance plan, and
	 It must entitle you to benefits under the federal government's employment insurance plan.
Waiting period	You have to be unemployed for more than 30 consecutive days to be entitled to benefit payments.
Exclusions	We won't pay any amount if your loss of employment is the direct or indirect result of one of the following:
	Any deliberate actions by you
	 A war (whether declared or not), a public confrontation, a revolt, an act of terrorism, or a riot
	Your participation or attempted participation in a criminal act or an attack
	Your voluntary resignation
	Fraud or a criminal offence
	End of a fixed-term contract
	 Any leave that doesn't result in the termination of the employee/employer relationship (for example, paid and unpaid vacation or unpaid leave granted by the employer at your request, sick leave, maternity/adoption leave, parental leave or personal leave—death, wedding, moving, jury duty) Retirement.
	You also aren't covered in these 3 situations:
	You knew you were going to lose your job when the insurance was purchased.
	 You lose your job within 30 days after the insurance was purchased—for all your regular transactions and financing.
	 You lose your job within 30 days after new financing was obtained—for any financing obtained after you purchased the insurance.

About this insurance 2.

2.1 What's this insurance for?

Credit Balance Insurance is group insurance that covers your credit account balance if you die, become disabled or involuntarily lose your job.

If you make a claim, any amount payable is directly applied to:

- · The balance of your account, and
- The balance of your financing, if any.

2.2 Who can be insured

Here are the 2 criteria you need to meet to be covered:

1. Credit account party You must be one of the following:

- The primary account holder (the person whose name appears first on the credit account statement). It can't be the name of an association, corporation, cooperative, trust, company or partnership.
- The joint account holder (a person whose name appears on the credit account statement and who shares responsibility for paying off the balance of the credit account).
- 2. Age limit

When you take out the insurance, you must be:

- At least 18, but
- Under 65.

We may refuse to insure you if you don't meet these criteria.

2.3 How to get insurance

The primary account holder must call us at 1-866-733-2001. We'll send them an Insurance Certificate shortly after to confirm that they're covered. Please note that any joint account holder will then be automatically insured.

Health questions

You don't have to answer any health questions. But, if you die or become disabled, a restriction may apply if you had a health problem before the insurance was purchased or new financing was obtained. To find out more, see section 3 on the next page of this summary.

You need to provide accurate information

If you provide incorrect or incomplete information, or make a false statement, we may cancel your coverage or deny a claim.

3. Restriction in case of preexisting health problems

You may not be covered if you had a health problem before the insurance was purchased or new financing was obtained. It all depends on the transaction dates and when your death occurs or your disability begins. See the 2 situations below for more details.

Situation 1: For regular transactions and each financing <u>you already had</u> when the insurance was purchased.

You aren't covered if:

- · You die or become disabled within the first 12 months after the insurance was purchased, and
- Your death or disability results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the <u>6 months before the insurance was purchased</u>, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

Situation 2: For each financing you obtained after the insurance was purchased.

You aren't covered if:

- · You die or become disabled within the first 12 months after the financing was obtained, and
- Your death or disability results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the <u>6 months before the new financing was obtained</u>, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

4. Cost of insurance

4.1 To be insured, you have to pay a premium

The premium is the amount you need to pay for your insurance every month. It's indicated on your monthly statement and charged directly to your credit card as a transaction.



The balance indicated on your most recent monthly statement is insured until the next statement is issued. That's why the cost of your insurance applies, even if you pay your balance in full before the due date.

4.2 How we calculate the premium

When your monthly statement is issued, we charge the following amounts, plus the tax on the premium:

- \$0.75 for each \$100 of your account balance, and
- \$0.75 for each \$100 of your financing balance.



- For all deferred payment financing: No premium is payable while no payment is required.
- For all cash advances made at a caisse: No premium is payable.

4.3 We can change the cost of insurance

If we do, we'll write to you ahead of time to let you know so you can decide if you want to keep the insurance or not.

5. How to end your coverage

You have 3 options:

- Call us at 1-866-838-7572.
- Fill out the Notice of Rescission of an Insurance Contract you received with this summary, and send it to us by registered mail.
- Fill out the End Your Coverage form on the last page of the Credit Balance Insurance Booklet, and send it to us by registered mail.

If you end your coverage ...

- ... within 30 days of when you bought it
- · We'll consider you to have never been insured.
- We'll refund any premiums you've paid, as long as you haven't made any claims.
- ... more than 30 days after you bought it
- Your coverage will end on the date of the first account statement generated immediately after your written request.
- We'll consider you to have benefited from this coverage until the day it ended.
- · We won't refund any premiums you've paid.

6. Claims

6.1 Make a claim in 2 steps

Get the required claim forms

You have 2 options for getting the required forms and documents, and information on how to submit a claim:

- · Go to www.claim.desjardinslifeinsurance.com
- Call us at 1-877-338-8928.
- 2. Send us the required forms and proof

You can use this secure link to send us most of your documents: www.desjardinslifeinsurance.com/send.

However, if we ask you for original documents, you can't use the link—you have to mail them to us. You're responsible for paying any fees the doctor charges to fill out forms.

When you need to submit claims by

You have to submit the required forms and any proof we ask for:

- As soon as reasonably possible, for a death or an involuntary loss of employment, or
- No later than 1 year after the date your disability starts (if you don't, you
 may not be entitled to receive benefits).

6.2 Our response to your claim

Within 30 days of receiving all the required documents, we'll send you a letter:

- · Informing you of your benefit payments, if we approve your claim.
- Explaining the reasons for our decision, if we deny your claim or only pay a portion of the amount claimed.

7. If you're dissatisfied

7.1 If you don't agree with our decision

If we don't approve a claim or only pay a portion of the amount claimed, you can submit additional information and ask us to review your claim.

Please note that 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 starts as soon as your claim is denied. It also varies depending on where you live: In Ontario, it's 2 years and in Quebec, it's 3 years.

7.2 If you're dissatisfied with our service

Go to www.desjardinslifeinsurance.com/complaint to see:

- How to let us know you're dissatisfied.
- · Our complaint management policy.

Insurers

Desjardins Insurance

200, rue des Commandeurs Lévis (Québec) G6V 6R2 1-866-838-7572

The Personal Insurance Company

(for Involuntary Loss of Employment in Canadian territories and provinces other than Quebec) 6300, boulevard Guillaume-Couture Lévis (Québec) G6V 6P9 1-800-463-6416

To look us up in the Autorité des marchés financiers's register of insurers, go to: www.lautorite.qc.ca (client number: 2000379948)

Distributor

Fédération des caisses Desjardins du Québec

100, rue des Commandeurs Lévis (Québec) G6V 7N5 1-866-835-8444





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:

Credit Balance Insurance (for individuals) Booklet

This insurance covers your credit account if you die, become disabled or involuntarily lose your job.

What's this booklet for?

This booklet, as part of your insurance contract, provides you with everything you need to know about Credit Balance Insurance.



To make a claim

1-877-338-8928

www.claim.desjardinslifeinsurance.com



To ask questions

1-866-838-7572





What you need to know

How we calculate the amount payable

When calculating the amount payable, we use the balance indicated on your last account statement generated right before or on the date of the covered event (death, disability, or loss of employment).

How it's paid

Any amount payable is directly applied to:

- · The balance of your account, and
- The balance of your financing, if any.

Why we don't pay it directly to you

Credit Balance Insurance is group insurance that covers your credit account balance. That's why any amount we pay must be used to pay down the balance of your credit account.

Some conditions may limit your coverage

To avoid unpleasant surprises, read this booklet carefully. For example, here are 2 conditions that may limit your coverage:



Restriction in case of preexisting health problems

You may not be covered if you had a health problem before the insurance was purchased or new financing was obtained.

To find out more, see sections 2.4 and 3.8 of this booklet.

Waiting period in case of disability or loss of employment

You must be disabled or unemployed for a certain number of consecutive days before you're entitled to benefit payments. It's what we call the "waiting period."

To find out more, see sections 3.4 and 4.3 of this booklet.

Use of the words "credit card" and "credit account"

We've used these words in this booklet to refer to the Desjardins credit account for which you bought the Credit Balance Insurance.

Credit Balance Insurance offered with your credit card

Wherever we use the words "Credit Balance Insurance," we're talking about Credit Balance Insurance (for individuals).

Your 3 coverages at a glance

Here's an overview of the 3 coverages included with Credit Balance Insurance:



Life

Lump-sum payment in case of death

Amount payable

100% of the balance of your credit account indicated on the last account statement generated before or on the day of your death (this amount includes your regular transactions and financing)



Disability

Regular payments if you become disabled

Payment amount

For your regular transactions:

20% of the balance of your credit account indicated on the last account statement generated before or on the day you become disabled

For your financing:

The instalment for each covered financing indicated on the last account statement generated before or on the day you become disabled



Involuntary Loss of Employment

Regular payments if you involuntarily lose your job

Payment amount

For your regular transactions:

20% of the balance of your credit account indicated on the last account statement generated before or on your last day of work

For your financing:

The instalment for each covered financing indicated on the last account statement generated before or on your last day of work

Later in this booklet, you'll find:

- A full description of these coverages, and
- The maximums, exclusions and all applicable conditions.

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1. About this insurance

1.1 Who can be insured

Here are the 2 criteria you need to meet to be covered:

1. Credit account party

You must be one of the following:

- The primary account holder (the person whose name appears first on the credit account statement). It can't be the name of an association, corporation, cooperative, trust, company or partnership.
- The joint account holder (a person whose name appears on the credit account statement and who shares responsibility for paying off the balance of the credit account).
- 2. Age limit

When you take out the insurance, you must be:

- At least 18, but
- Under 65.

We may refuse to insure you if you don't meet these criteria.

1.2 How to get the insurance

The primary account holder must call us at 1-866-733-2001. We'll send them an Insurance Certificate shortly after to confirm that they're covered. Please note that any joint account holder will then be automatically insured.

Health questions

You don't have to answer any health questions. But, if you die or become disabled, a restriction may apply if you had a health problem before the insurance was purchased or new financing was obtained. To find out more, see sections 2.4 and 3.8 of this booklet.

You need to provide accurate information

If you provide incorrect or incomplete information, or make a false statement, we may cancel your coverage or deny a claim.

1.3 Covered transactions

Here are the covered transactions based on the 2 types of transactions you can make with your credit card:

1. Regular transactions

Transaction (excluding financing) for purchasing goods or services, or for obtaining a cash advance.

2. Financing

Financing that allows you to defer a payment or reimburse a purchase over several months or to get a cash advance at a caisse.

To find out more about financing, see section 11. Types of financing covered by the insurance of this booklet.

2. Life coverage



2.1 Amount payable

If you die while you're covered under the insurance, we'll pay the amount payable indicated below.

Transaction type	Amount payable
Regular transactions	The balance of your credit account indicated on the last account statement generated before or on the day of your death.
Financing	The balance of each covered financing indicated on the last account statement generated before or on the day of your death.

2.2 Maximum amount payable

If a claim is made, we won't pay more than \$50,000 for all your covered transactions combined (regular and financing).

The maximum amount applies to all credit accounts insured under Credit Balance Insurance and held by the same person. When a person has more than one insured credit account, we give priority to the accounts insured first.

2.3 Exclusions and limits

Transactions that aren't covered

We won't pay any amount for the following transactions:

- Any transactions that don't appear on the last statement generated before or on the day of your death
- Any overdue amount and applicable interest.

Limit in case of suicide

If the primary account holder commits suicide within the first 2 years after ...

the insurance	We won't pay the amount payable under the insurance
was purchased:	We'll terminate the coverage for all insured persons, and
	We'll refund all the premiums paid for the insurance.
new	We won't pay the amount payable under the insurance for this financing
financing was obtained:	We'll terminate the coverage for all insured persons, and
obtained.	We'll refund all the premiums paid for the insurance for this financing.

If the **joint account holder** commits suicide within the first 2 years after ...

the insurance was purchased:	 We won't pay the amount payable under the insurance We'll only terminate their coverage, and We won't refund any premiums.
new financing was obtained:	 We won't pay the amount payable under the insurance for this financing We'll only terminate their coverage, and We won't refund any premiums.

Exclusions related to circumstances surrounding the death

We won't pay any amount if your death is the direct or indirect result of one of the following:

- · Any deliberate actions by you
- · Your participation or attempted participation in a criminal act or an attack, or
- Any of the following events, regardless of whether or not you participated in them:
 - o War, whether declared or not
 - o Public confrontation
 - o Riot or revolt, or
 - Act of terrorism.

2.4 Restriction in case of preexisting health problems

You may not be covered if you had a health problem before the insurance was purchased or new financing was obtained. It all depends on when your death occurs and the transaction dates. See the 2 situations below for more details.

Situation 1: For regular transactions and each financing <u>you already had</u> when the insurance was purchased.

You aren't covered if:

- · You die within the first 12 months after the insurance was purchased, and
- Your death results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before the insurance was purchased, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

Situation 2: For each financing you obtained after the insurance was purchased.

You aren't covered if:

- · You die within the first 12 months after the financing was obtained, and
- Your death results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before the financing was obtained, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

To find out if this restriction applies in the event of death, answer the questions below—follow the instructions that go with your answer and refer to the timelines as needed.

Questions regarding the restriction in case of preexisting health problems



If the financing was obtained after the insurance was purchased, you need to answer the questions for each financing separately.

Question 1 Did the death occur within the first 12 months after the insurance was purchased (or the financing date for each financing obtained after the insurance was purchased)? Date insurance purchased (or financing date) Did the death occur during this period? 12 months 12 months

Yes: Go to question 2.

Question 2

In the 6 months right before the insurance was purchased (or the financing date for each financing obtained after the insurance was purchased), was the deceased seen or treated for the symptoms, illness or injury that caused their death?



No:

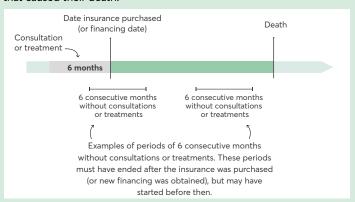
This restriction doesn't apply.

You don't have to answer any more questions.

Yes: Go to question 3.

Question 3

After the consultation or the end of the treatment referred to in question 2, was there a period of 6 consecutive months during which the deceased wasn't seen or treated for the symptoms, illness or injury that caused their death?



Yes:

This restriction doesn't apply.

No:

This restriction applies.

No amount is payable.

No:

This restriction doesn't apply.

You don't have to answer question 3.

3. Disability coverage



3.1 Payment amount and frequency

Payment amount

If you become disabled while you're insured under this coverage, we'll pay the amount indicated below.

Transaction type	Payment amount		
Regular transactions	20% of the balance of your credit account indicated on the last account statement generated before or on the day you become disabled.		
Financing	The instalment for each covered financing indicated on the last account statement generated before or on the day you become disabled.		
While you're receiving benefit payments, we'll pay for you the cost of insurance for the regular			

While you're receiving benefit payments, we'll pay for you the cost of insurance for the regular transactions and financing entitling you to the benefit payments.

Example:

The balance of your credit account indicated on the applicable account statement is \$1,500 and the monthly cost of your insurance for that balance is \$11.25. Here's how we calculate how much we pay for each day of disability that you're entitled to benefits:

Payment amount (20% of the balance)	+ (plus)	Monthly cost of your insurance	÷ (divided by)	30 days	=	Amount payable per day of disability
(\$300	+	\$11.25)	÷	30	=	\$10.38

Frequency of benefit payments

Even though your benefits are calculated per day of disability, we don't make daily payments to your credit account.

After the initial payment, how often we make benefit payments and how many days they cover depend on the information we receive. How often benefit payments are made can also vary when we ask you to provide medical proof to confirm that you're still disabled.

3.2 Maximum amount payable

If you make a claim, we won't pay more than:

- \$10,000 per month, and
- \$50,000 in total for a same disability, whether for a continuous period or for several periods.

The maximum amounts apply to all your transactions (regular transactions and financing) and to all credit accounts insured under Credit Balance Insurance and held by the same person. When a person has more than one insured credit account, we give priority to the accounts insured first.

3.3 Criteria you must meet to be considered disabled

To be entitled to benefit payments, you must satisfy all the following criteria:

- · Your illness or injuries, or your state of health, must be confirmed by a doctor (we may ask you to go see a doctor that we choose)
- We must have received all the required information
- Your disability must last longer than the waiting period indicated in section 3.4, and
- Your disability must meet the following criteria, depending on whether situation 1 or 2 below applies to you.

Situation 1: You worked at least 80 paid hours in the 4 weeks before you became disabled.

We consider your disability to have started on the date it's total, meaning it meets all the following criteria:

- · It requires continuous medical care, and
- · It completely prevents you from performing the main duties of the usual occupation you held on the date your disability started.



To continue being entitled to benefit payments after 24 months, you must also be completely unable to perform any paid work.

Situation 2: You worked less than 80 paid hours in the 4 weeks before you became disabled.

We consider your disability to have started on the date it's total, meaning it meets all the following criteria:

- · It requires continuous medical care, and
- It prevents you from performing all the normal activities of a person who is the same age as you.

Some useful definitions ...

To determine whether you meet the criteria to be considered disabled, the words continuous medical care and doctor have specific meanings:

Continuous		
medical	care	

The type of care you need to receive. It must be care that's:

- · Generally accepted as effective, appropriate and essential in the diagnosis or treatment of an illness or an injury
- · Reasonable and customary
- Administered or prescribed by a doctor or, when Desjardins Insurance feels it's necessary, by a healthcare professional in the appropriate field, and
- Given at a frequency that's appropriate for the illness or injury you're suffering from.

We don't consider you to be receiving continuous medical care if you're just undergoing examinations or tests.

Doctor

Any person, other than the insured person, who practises medicine in Canada and is licensed to do so, and who doesn't live with the insured person.

3.4 Start of benefit payments (waiting period)

To be entitled to benefit payments, you must be disabled for a certain number of consecutive days. It's what we call the waiting period, and it can be 0 days (no waiting period) or 30 days, depending on the cause of your disability.

Once we've finished analyzing your claim, we'll start paying benefits if you're still disabled after the applicable waiting period indicated below.

Situation 1: No waiting period if your disability is due to cancer.

Your benefits are payable as of the day you become disabled if your disability is due to a cancer meeting all the following 3 criteria:

- 1. Your cancer diagnosis is a definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.
- 2. Your cancer diagnosis has been made by a specialist who:
 - · Is licensed to practise medicine in Canada
 - Has specialized medical training related to the type of cancer for which you're making a claim
 - Is not you, and
 - Doesn't live with you.
- 3. Your cancer diagnosis <u>can't</u> be for any of these cancers:
 - · Carcinoma in situ
 - Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion)

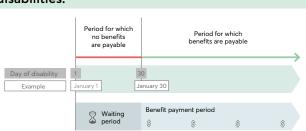
If it's one of these cancers, the waiting period will be 30 days.

- · Any non-melanoma skin cancer that hasn't metastasized, or
- Stage A (T1a or T1b) prostate cancer.

Situation 2: 30-day waiting period for all other disabilities.

In all other cases, you have to be disabled for more than 30 consecutive days to be entitled to benefit payments. This means that:

- Your benefits are payable as of the 31st day of disability.
- You aren't entitled to any amount for the first 30 days of disability.



If you become disabled again ...

We'll consider it to be a continuation of the same disability if:

- 1. You've already received disability benefits or you've already satisfied the waiting period to receive benefits
- 2. You become disabled again because of the same illness or accident, and
- 3. You become disabled again less than 90 days after your previous disability ended.

In this case:

- · You don't have to satisfy another waiting period.
- The benefit cannot exceed the amount established for the first disability period.
- All the benefit payments you were entitled to during your first disability period are taken into account in the maximum amount payable.

3.5 End of benefit payments

We stop paying disability benefits as soon as any of the following happen:

- a) You no longer meet the criteria for being considered disabled (see section 3.3)
- b) You start doing paid work (work for which you receive a salary from your employer) or are compensated as a self-employed worker for the completion of work or supply of services
- c) You start any training or go back to school
- d) We've paid in full the balance of your credit account indicated on the last account statement generated before or on the day you become disabled, excluding accrued interest
- e) The Fédération des caisses Desjardins du Québec has written off the financing or regular transactions.

3.6 End of coverage due to age

You're no longer covered in case of disability as of the date of the first account statement generated immediately on or after your 65th birthday.

3.7 Exclusions

Transactions that aren't covered

We won't pay any amount for the following transactions:

- Any transactions that don't appear on the last statement generated before or on the day you become disabled
- · Any overdue amount and applicable interest
- Any transactions for which we're already paying disability benefits or involuntary loss of employment benefits.

Exclusions related to circumstances surrounding the disability

We won't pay any amount for a disability:

- · Resulting from deliberate actions by you
- Occurring during a war (whether declared or not), a public confrontation, a revolt, an act of terrorism or a riot
- Occurring while you're participating or attempting to participate in a criminal act or an attack.

3.8 Restriction in case of preexisting health problems

You may not be covered if you had a health problem before the insurance was purchased or new financing was obtained. It all depends on when your disability begins and the transaction dates. See the 2 situations below for more details.

Situation 1: For regular transactions and each financing <u>you already had</u> when the insurance was purchased.

You aren't covered if:

- · You become disabled within the first 12 months after the insurance was purchased, and
- Your disability results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before the insurance was purchased, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

Situation 2: For each financing you obtained after the insurance was purchased.

You aren't covered if:

- · You become disabled within the first 12 months after the financing was obtained, and
- Your disability results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before the financing was obtained, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

To find out if this restriction applies to your disability, answer the questions below—follow the instructions that go with your answer and refer to the timelines as needed.

Questions regarding the restriction in case of preexisting health problems



If financing was obtained after the insurance was purchased, you need to answer the questions for each financing separately.

Question 1

Did your disability start within the first 12 months after the insurance was purchased (or the financing date for each financing obtained after the insurance was purchased)?



Yes: Go to question 2.

Question 2

In the 6 months right before the insurance was purchased (or the financing date for each financing obtained after the insurance was purchased), were you seen or treated for the symptoms, illness or injury that caused your disability?



No:

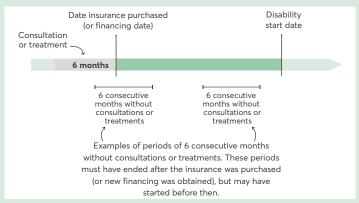
This restriction doesn't apply.

You don't have to answer any more questions.

Yes: Go to question 3.

Question 3

After the consultation or the end of the treatment referred to in question 2, was there a period of 6 consecutive months during which you weren't seen or treated for the symptoms, the illness or the injury that caused your disability?



No:

This restriction doesn't apply.

You don't have to answer question 3.

Yes:

This restriction doesn't apply.

No:

This restriction applies. No amount is payable.

4. Involuntary Loss of Employment coverage



4.1 Payment amount and frequency

Payment amount

If you involuntarily lose your job while you're insured under this coverage, we'll pay the amount indicated below.

Transaction type	Payment amount
Regular transactions	20% of the balance of your credit account indicated on the last account statement generated before or on your last day of work.
Financing	The instalment for each covered financing indicated on the last account statement generated before or on your last day of work.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

While you're receiving benefit payments for your loss of employment, we'll pay for you the cost of insurance for the regular transactions and financing entitling you to the benefit payments.

Example:

The balance of your credit account indicated on the applicable account statement is \$1,500 and the monthly cost of your insurance for that balance is \$11.25. Here's how we calculate how much we pay for each day you're unemployed and for which you're entitled to benefits:

Payment amount (20% of the balance)	+ (plus)	Monthly cost of your insurance	÷ (divided by)	30 days	=	Amount payable per day you're unemployed
(\$300	+	\$11.25)	÷	30	=	\$10.38

Frequency of benefit payments

Even though your benefits are calculated per day you're unemployed, we don't make daily payments to your credit account.

After the initial payment, how often we make benefit payments and how many days they cover depend on the information we receive. How often benefit payments are made can also vary when we ask you to provide proof to confirm that you're still unemployed.

4.2 Maximum amount payable

If you make a claim, we won't pay more than:

- \$10,000 per month, and
- \$50,000 in total for a same loss of employment, whether for a continuous period or for several periods.

The maximum amounts apply to all your transactions (regular transactions and financing) and to all credit accounts insured under Credit Balance Insurance and held by the same person. When a person has more than one insured credit account, we give priority to the accounts insured first.

4.3 Criteria that must be met to be entitled to benefits

For you to be entitled to the amount payable, all the following criteria must be satisfied:

- · We must have received all the information we need
- You must have been unemployed for more than 30 consecutive days (waiting period)
- You must have worked at least 20 paid hours per week for the same employer for at least 4 consecutive months when you lose your job, and
- · The job you lost must meet all of these criteria:
 - o Not being casual or seasonal
 - Requiring you to contribute to the federal government's employment insurance plan, and
 - Entitling you to benefits under the federal government's employment insurance plan.

A seasonal job is a job that, by its nature, is performed only during certain periods of the year. It provides work for less than 9 months of the year.

Waiting period

Your benefits are payable as of the 31st day you're unemployed. You aren't entitled to any amount for the first 30 days of unemployment.

If you lose your job again ...

We'll consider it to be a continuation of the same loss of employment if:

- 1. You've already received loss of employment benefits or you've already satisfied the waiting period to receive benefits, and
- 2. You involuntarily lose your job again less than 30 days after you returned to work.

In this case:

- You don't have to satisfy another waiting period.
- The benefit cannot exceed the amount established for the first loss of employment period.
- All the benefit payments you were entitled to during your first loss of employment period are taken into account in the maximum amount payable.

4.4 End of benefit payments

We stop paying loss of employment benefits as soon as any of the following happen:

- a) You start doing paid work (work for which you receive a salary from your employer) or are compensated as a self-employed worker for the completion of work or supply of services
- b) You start any training or go back to school
- c) We've paid in full the balance of your credit account indicated on the last account statement generated before or on your last day of work, excluding accrued interest
- d) The Fédération des caisses Desjardins du Québec has written off the financing or regular transactions.

4.5 End of coverage due to age

You're no longer covered if you involuntarily lose your job as of the date of the first account statement generated immediately on or after your 65th birthday.

4.6 Exclusions

Transactions that aren't covered

We won't pay any amount for the following transactions:

- Any transactions that don't appear on the last statement generated before or on your last day of work
- Any overdue amount and applicable interest
- Any transactions for which we're already paying disability benefits or involuntary loss of employment benefits.

Exclusions related to circumstances surrounding your loss of employment

We won't pay any amount if your loss of employment is the direct or indirect result of one of the following:

- · Any deliberate actions by you
- · A war (whether declared or not), a public confrontation, a revolt, an act of terrorism, or a riot
- · Your participation or attempted participation in a criminal act or an attack
- Your voluntary resignation
- · Fraud or a criminal offence
- End of a fixed-term contract
- Any leave that doesn't result in the termination of the employee/employer relationship (for
 example, paid and unpaid vacation or unpaid leave granted by the employer at your request, sick
 leave, maternity/adoption leave, parental leave or personal leave—death, wedding, moving or jury
 duty)
- Retirement.

Other exclusions

You aren't covered in these 3 situations:

- · You knew you were going to lose your job when the insurance was purchased.
- You lose your job within 30 days after the insurance was purchased—for all your regular transactions and financing.
- You lose your job within 30 days after new financing was obtained—for any financing obtained after the insurance was purchased.

5. Cost of insurance

5.1 To be insured, you have to pay a premium

The premium is the amount you need to pay for your insurance every month. It's indicated on your monthly statement and is charged directly to your credit card as a transaction.



The balance indicated on your most recent monthly statement is insured until the next statement is issued. That's why the cost of your insurance applies, even if you pay your balance in full before the due date.

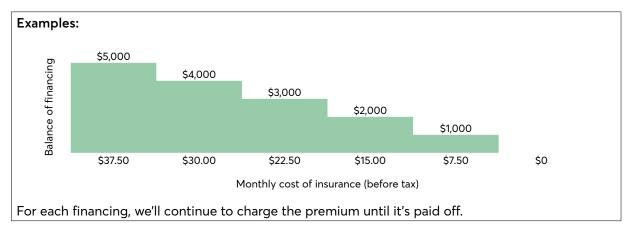
5.2 How we calculate the premium for your regular transactions

When your monthly statement is issued, we charge \$0.75 (plus the tax on the premium) directly to your account for each \$100 of your balance.

Examples:			
	Balance indicated on your statement		Cost of insurance (plus tax on the premium)
	\$0	>> >	\$0
	\$500	>>>	\$3.75 + tax
	\$2,000	>>>	\$15.00 + tax

5.3 How we calculate the premium for your financing

When your monthly statement is issued, we charge \$0.75 (plus the tax on the premium) directly to your account for each \$100 of the balance of your financing. This means that as the balance goes down, so does the premium.





- For all deferred payment financing: No premium is payable while no payment is required.
- For all cash advances at a caisse: No premium is payable.

5.4 We can change the cost of insurance at any time

If we change the cost of Credit Balance Insurance, we'll write to you ahead of time to let you know so you can decide whether or not you wish to keep the insurance.

6. Changes to the conditions of this insurance

6.1 We can make changes to the conditions outlined in this booklet

If we do, we'll send a notice (called a rider) to the Fédération des caisses Desjardins du Québec at least 30 days ahead of time.

6.2 The Fédération des caisses Desjardins du Québec can make changes to your variable credit agreement

If any changes affect the scope of your insurance coverage, we'll send you a notice (called a rider) to let you know.

7. End of coverage

7.1 Situations where your coverage ends

Credit Balance Insurance stops covering you as soon as any of the following happen:

- You ask us to end your coverage
- · You close your credit account

- In those cases, your coverage will

 → end on the date of the first account
 statement generated immediately after
- We terminate the Credit Balance Insurance contract entered into by us and the Fédération des caisses Desjardins du Québec
- Your credit cardholder rights and privileges are revoked
- In those cases, your coverage ends right away

7.2 How to end your coverage

You have 3 options:

- Call us at 1-866-838-7572.
- Fill out the Notice of Rescission of an Insurance Contract you received when you purchased your coverage, and send it to us by registered mail.
- Fill out the End Your Coverage form on the last page of this booklet, and send it to us by registered mail.

You need to ask us to end your coverage even if you no longer use your credit card.

If you end your coverage ...

... within 30 days of when you bought it

- We'll consider you to have never been insured.
- We'll refund any premiums you've paid, as long as you haven't made any claims.

... more than 30 days after you bought it

- Your coverage will end on the date of the first account statement generated immediately after your written request.
- We'll consider you to have benefited from this coverage until the day it ended.
- We won't refund any premiums you've paid.

8. Claims

8.1 Make a claim in 2 steps

 Get the required claim forms You have 2 options for getting the required forms and documents, and information on how to submit a claim:

- · Go to www.claim.desjardinslifeinsurance.com
- Call us at 1-877-338-8928.
- 2. Send us the required forms and proof

You can use this secure link to send us most of your documents: www.desjardinslifeinsurance.com/send.

However, if we ask you for original documents, you can't use the link—you have to mail them to us. You're responsible for paying any fees the doctor charges to fill out forms.

8.2 When you need to submit claims by

For a death

You have to submit the required forms and proof of death as soon as reasonably possible.

For a disability

You have to submit the required forms and any proof we ask for no later than 1 year after the date your disability starts.

If you don't submit your claims by then

You may not be entitled to receive benefits for some of the time you've already been disabled. In that case, we'll only pay benefits for the 12 months right before the date we receive your claim. We may at any time ask you to provide satisfactory proof to confirm that you're still disabled and be examined by one or more physicians or healthcare professionals selected by us.

For an involuntary loss of employment

You have to submit the required forms, your employer's declaration and any proof we ask for as soon as reasonably possible. We may at any time ask you to provide satisfactory proof to confirm that you lost your job or are still unemployed.

8.3 Our response to your claim

Within 30 days of receiving all the required documents, we'll send you a letter:

- Informing you of your benefit payments, if we approve your claim.
- Explaining the reasons for our decision, if we deny your claim or only pay a portion of the amount claimed.

8.4 If you don't agree with our decision

If we don't approve a claim or only pay a portion of the amount claimed, you can submit additional information and ask us to review your claim.

Please note that 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 starts as soon as your claim is denied. It also varies depending on where you live: In Ontario, it's 2 years and in Quebec, it's 3 years.

9. If you're dissatisfied with our service

Do you have any concerns about your insurance or are you dissatisfied with your contract or the service we've provided? We want to know. Here's what you need to do:

1. Contact our Customer Contact Center.

If you're dissatisfied with the product or service you received, let us know by contacting our customer service department at 1-866-838-7572. We'll examine your issue and attempt to resolve it quickly.

2. Contact our Complaints Handling Team.

If you're not satisfied with the response you received from our Customer Contact Centre, you can file a complaint with our Complaints Handling Team.

Here's how to contact them:

The role of this team is to evaluate whether we've followed proper practices and procedures when clients feel they haven't received the service they're entitled to.

Complaints Handling Team

Desjardins Insurance 100, rue des Commandeurs Lévis (Québec) G6V 7N5

Email: <u>complaints@desjardins.com</u> Phone (toll free): 1-888-556-7212

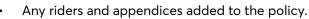
Some tips to speed up the process

- 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 you contacted them.
- Include your name, address and phone number whenever you write to us.
- For more information about what to do if you're dissatisfied or have a complaint, go to www.desjardinslifeinsurance.com/complaint.

10. Your insurance contract

These documents make up your contract:

- Your Insurance Certificate, which includes this Credit Balance Insurance Booklet
- The Credit Balance Insurance (for individuals) Policy entered into by Desjardins Insurance and the Fédération des caisses Desjardins du Québec (you may consult the policy at the head office or obtain a copy at your expense), and





11. Types of financing covered by the insurance

Cash advance made at the caisse

You can get 2 types of cash advances at the caisse covered by the insurance using your credit card. In both cases, the amount of the payments is determined when you apply for the advance. These types of credit are offered under the terms of the variable credit agreement issued by the Fédération des caisses Desjardins du Québec.

RRSP financing

Cash advance obtained using your credit card to contribute to an RRSP. You have 2 options for repaying the advance:

- You can ask to pay only the interest for a set period. After that period, you'll have to start repaying the interest plus the principal by making equal and regular monthly payments.
- You can ask to repay the interest plus the principal by making equal and regular monthly payments as of the first month.

Cash advance by equal instalments

Cash advance obtained using your credit card. You must repay this advance by making equal and regular monthly payments.

Deferred payment financing

Accord D financing obtained using your credit card for the purchase of goods or services from a merchant. You don't have to repay anything for the period that's set when you obtain the financing. After that period, the amount is automatically added to your regular account balance.

Level payment financing

Accord D financing or pay in instalments obtained using your credit card for the purchase of goods or services from a merchant. You must repay the financing by making equal and regular monthly payments. The amount of the payments is determined when you obtain the financing.

12. 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 <u>www.desjardins.com</u> or call 1-877-506-8392. Services 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 autonomy 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?"



Legal Assistance

Confidential and unlimited telephone service where you can talk to a lawyer or notary to get information on your rights and obligations, as well as reliable answers and solutions to legal questions or problems (except for criminal and tax law).

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?"

End Your Coverage form

Credit Balance Insurance (for individuals)



2 steps for ending your coverage:

- 1. Fill out this form, and
- 2. Send it to us by registered mail:

Desjardins Insurance Contract Administration Credit Balance Insurance (for individuals) 200, rue des Commandeurs Lévis (Québec) G6V 6R2

Primary account holder's identifi	
Last name	
First name	
Credit account number	
Primary account holder's signatu	
en	
Your signature	Date this form is submitted





Insurers

Desjardins Insurance

200, rue des Commandeurs Lévis (Québec) G6V 6R2 1-866-838-7572

The Personal Insurance Company

(for Involuntary Loss of Employment in Canadian territories and provinces other than Quebec) 6300, boulevard Guillaume-Couture Lévis (Québec) G6V 6P9 1-800-463-6416



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 distrib	oution 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:	