

If the insurance was offered to me in Quebec

Credit Balance Insurance – Business Summary

This summary provides you with basic information about Credit Balance Insurance – Business.

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 – Business Booklet

This booklet provides you with what you need to know about Credit Balance Insurance – Business and is part of your insurance contract.

Click the icon to access the document:



Notice of Rescission 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 – Business Booklet

This booklet provides you with what you need to know about Credit Balance Insurance – Business and is part of your insurance contract.

Click the icon to access the document:



Credit Balance Insurance - Business Summary

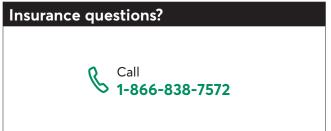
Group insurance that **helps repay your Desjardins credit account** in case of natural death; an accident resulting in death or loss of use or dismemberment; disability; or a first diagnosis of a critical illness.

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 Credit Balance Insurance – Business Booklet you were given with this summary. It's also available online at: www.desjardins.com/balance-business.





Insurer

Desjardins Insurance200 Rue Des Commandeurs
Lévis QC G6V 6R2
1-866-838-7572

Distributor

Fédération des caisses Desjardins du Québec 100 Rue Des Commandeurs Lévis QC G6V 7N5 1-866-647-5006

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



Credit Balance Insurance at a glance

Credit Balance Insurance helps repay your Desjardins credit account in case of natural death; an accident resulting in death or loss of use or dismemberment; disability; or a first diagnosis of a critical illness.

Here's an overview of the 4 coverages included with Credit Balance Insurance.

Coverages



Natural Death

Lump-sum payment if you die of natural causes.



Accident

Lump-sum payment if, as a result of an accident, you die or suffer the loss of use or dismemberment of an eye, a hand or a foot.



Disability

Regular payments if you become disabled.



Critical Illness

Lump-sum payment if you're diagnosed with a covered critical illness for the first time.

When calculating the amount payable, we use the last account statement generated right before or on the date of the covered event. To find out more, see the coverage descriptions in this summary or the Credit Balance Insurance – Business Booklet.

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About Credit Balance Insurance

1.1. Who can be insured

When you buy the coverage, you must meet the following 4 criteria:

- Have a Desiardins credit account
- Own a business
- Be working at least 25 hours a week for your business
- Be aged 18 to 64 (inclusive)

1.2. How to get coverage

To get coverage, you need to fill out an insurance application. You can obtain this form when you're opening a credit account or by calling us at 1-866-733-2001.

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 your claim.

1.3. Health questions

You don't have to answer any health questions. But, if you die of natural causes, become disabled or are diagnosed with a critical illness for the first time, a restriction may apply if you had health problems before your coverage started. To find out more, see pages 7, 10, 11 and 12 of this summary or the Credit Balance Insurance – Business Booklet.

1.4. Coverages included with the insurance

Credit Balance Insurance comes with these 4 coverages:



Natural Death



Disability



Accident



Critical Illness

1.5. Covered transactions

Credit Balance Insurance covers 3 types of credit transactions:

- Regular transactions
- Line of credit transactions
- Accord D financing



 \triangle Some types of Accord D financing aren't insured under all the coverages. For more details, see the table below.

Coverage	Covered transactions*	
	Regular transactions	
	Line of credit transactions	
Natural Death	These types of Accord D financing:	
	Level payment financingDeferred payment financing	
	Regular transactions	
	Line of credit transactions	
	These types of Accord D financing:	
- Accident	Level payment financing	
	Deferred payment financing (in case of death only)	
	Cash advances by equal instalments (in case of accidental loss of use or dismemberment only)	

Coverage	Covered transactions*
	Regular transactions
	Line of credit transactions
Disability	These types of Accord D financing:
	Level payment financing
	Deferred payment financing (if a payment is due before the disability ends)
	Cash advances by equal instalments
	Regular transactions
Critical Illness	Line of credit transactions
Critical lilliess	This type of Accord D financing:
	Level payment financing

^{*} To be covered, the transactions must be on the last account statement generated right before or on the date of the covered event.

1.6. Coverage start date

Regular and line of credit transactions

Your coverage starts as soon as you request it. Shortly after you request the insurance, we'll send you an Insurance Certificate—it's your proof of coverage.

Accord D financing

For each Accord D financing, your coverage will start on the later of:

- The date you request the insurance, or
- The date of each financing (see your Desjardins credit account statement)

1.7. Benefit payment

Because the insurance covers the balance of your Desjardins credit account, any amount we pay must be used to pay off or pay down the balance. That's why we apply the amount payable directly to the balance of your account or financing.

1.8. Maximums for all coverages combined

Whether you have the insurance on one or several credit accounts, these are the maximums payable under Credit Balance Insurance for all your covered transactions combined:

- \$2,000 per month
- \$100,000 lifetime in total

To find out more about these maximums, see the Credit Balance Insurance - Business Booklet.

Natural Death



2.1. Amount payable

We pay the amount payable indicated below (based on the transaction type), if you die of natural causes while you're covered under the insurance.

Transaction type	Amount payable
Regular and line of credit transactions:	The balance of your Desjardins credit account
Accord D financing:	The balance of each of these types of Accord D financing:
	Level payment financingDeferred payment financing

When calculating the amount payable, we use the balance indicated on the last account statement generated before your death. If a statement is generated the day you die, that's the statement we use.

Any transactions that don't appear on the statement but were made before the statement date are included in the amount payable.



⚠ We don't take into account any transactions made after the statement date, any overdue amounts and applicable interest.

2.2. Exclusions and limitations

This type of Accord D financing isn't covered:

Cash advances by equal instalments

Limitation in case of suicide

We won't pay any amount if you commit suicide within the first 2 years of coverage—we'll only refund what you've paid for your insurance (your premiums) since your coverage started.

You aren't covered if you die as the direct or indirect result of:

- Any of the following events, regardless of whether or not you participated in them:
 - War, whether declared or not
- Riot, revolt or insurrection

Public confrontation

- Act of terrorism
- Your participation or attempted participation in a criminal act or an attack

If you die within 12 months of when your coverage starts, no amount may be payable

Credit Balance Insurance includes a restriction in case of pre-existing illness or injury that may limit your coverage.

So, if you were seen by a doctor or treated for a health problem in the 6 months right before your coverage started, you may not be covered if you die within 12 months of your coverage start date.

We consider you to have been seen or treated if you:

- Consulted or received care from a doctor or another healthcare professional who is a member of a professional body
- Underwent medical examinations or tests
- Took medication, or
- Were hospitalized

To find out more about this restriction, see the Credit Balance Insurance - Business Booklet.

If you die more than 12 months after your coverage starts, we may only pay the average balance of your credit account

To find out more about this restriction, see the Credit Balance Insurance – Business Booklet.



$lue{\mathbb{L}}$ If we've already paid the Critical Illness amount, no amount is payable in case of death if the illness that causes the death:

- Is the same as the one for which we've already paid the amount payable, and
- Is a terminal illness—in other words, an illness that:
 - Isn't cancer, a heart attack or stroke, and that
 - Will likely result in this person's death within a year of the diagnosis made by a specialist



3.1. Amount payable

We pay the amount payable indicated below (based on the transaction type), if an accident occurs while you're covered under the insurance and, in the 365 days that follow, the accident results in:

- Your death
- The loss of use of an eye, a hand (including the wrist joint) or a foot (including the ankle joint)
- The dismemberment of an eye, a hand (including the wrist joint) or a foot (including the ankle joint)

Transaction type	Amount payable
Regular and line of credit transactions:	The balance of your Desjardins credit account
Accord D financing:	The balance of each of these types of Accord D financing:
	 Level payment financing Deferred payment financing (in case of death only) Cash advances by equal instalments (in case of loss of use or dismemberment only)

When calculating the amount payable, we use the balance indicated on the **last account statement generated before the accident.** If a statement is generated on the day of the accident, that's the statement we use.

Any transactions that don't appear on the statement but were made before the date of the last statement generated before the accident are included in the amount payable.



We don't take into account any transactions made after the statement date, any overdue amounts and applicable interest.

When we're determining whether a death, loss of use or dismemberment is accidental, the word accident means:

Accident A sudden and unforeseen event that:

- · Is the result of an external cause, and
- Leads to bodily injury or death

The injury or death must be confirmed by a doctor and must be directly and solely the result of the accident.

3.2. Exclusions and limitations

This type of Accord D financing isn't covered in case of accidental loss of use or dismemberment:

All deferred payment financing

This type of Accord D financing isn't covered in case of accidental death:

Cash advances by equal instalments

You aren't covered if your condition is the direct or indirect result of:

- Any deliberate actions by you
- Any of the following events, regardless of whether or not you participated in them:
 - War, whether declared or not
- Riot, revolt or insurrection

Public confrontation

- Act of terrorism
- Your participation or attempted participation in a criminal act or an attack

Limitation for the same accident

We only pay the balance of your credit account once for the same accident, even if:

- You suffer more than one loss of use or dismemberment
- You die after having suffered a loss of use or dismemberment

Disability



4.1. Amount payable

We pay the amount payable indicated below if you become disabled while you're covered under the insurance. Each benefit payment includes the cost of insurance (your premium) for the period covered by the payment.

Transaction type	Amount payable for each month you're disabled
Regular and line of credit transactions:	The minimum payment required
Accord D financing:	The instalment for each of these types of Accord D financing:
	 Level payment financing Deferred payment financing, if you're still disabled when a payment is due Cash advances by equal instalments

See the last account statement generated before you became disabled for the minimum payment required and the instalment for each type of financing. If a statement is generated on the day you become disabled, that's the statement we use.

Any transactions that don't appear on the statement but were made before the statement date are included in the amount payable.



 $oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Delta}}}}$ We don't take into account any transactions made after the statement date, any overdue amounts and applicable interest.

Amount paid for each day of disability

Here's how we calculate how much we pay for each day of disability:

4.2. Criteria you need to meet to be considered disabled

You must be suffering from a total disability. This means that:

- You must be disabled because of an accident or illness confirmed by a doctor
- You must require continuing medical care, and
- You must meet the criteria for scenario 1 or 2 below:

If you worked at least 80 paid hours for your business in the 4 weeks before you became disabled:

Your disability must completely prevent you:

- During the first 24 months: From performing all the main duties of the usual occupation you held on the date your disability started
- After the first 24 months: From performing any paid work

If you didn't work at least 80 paid hours for your business in the 4 weeks before you became disabled:

Your disability must prevent you from performing all the normal activities of a person who is the same age as you

In every case

Your illness or injuries, or your state of incapacity must be confirmed by a doctor.

When we're determining whether you're disabled, the words accident, doctor and continuing medical care have specific meanings. To find out more, see the Credit Balance Insurance - Business Booklet.

4.3. Waiting period and start of benefit payments

We start paying benefits after you've satisfied a waiting period

You must be disabled for a certain number of consecutive days before we start paying benefits. It's what we call the waiting period, and it can be 30 or 90 consecutive days depending on whether scenario 1 or 2 below applies to you:



If you worked at least 80 paid hours <u>for your business</u> in the 4 weeks before you became disabled, the waiting period is 30 days

- You have to be disabled for more than 30 consecutive days for us to start paying benefits
- Once the 30-day waiting period is over, your benefits are payable as of the 31st day of disability and are retroactive to the first day of disability



If you didn't work at least 80 paid hours <u>for your business</u> in the 4 weeks before you became disabled, the waiting period is 90 days

- · You have to be disabled for more than 90 consecutive days for us to start paying benefits
- Once the 90-day waiting period is over, your benefits are payable as of the 91st day of disability
- No amount is payable for the first 90 days of disability

In every case

We must have received all the information we need and have completed our assessment of your claim before we can make the first benefit payment.

4.4. End of benefit payments

We'll pay you benefits until any of the following happen:

- You're no longer disabled
- You're doing paid work
- You're involved in any form of business activity designed to generate a salary or profit
- You start any training or go back to school
- We've paid off the Desjardins credit account balance indicated on the last account statement generated before or on the day you became disabled, excluding accrued interest
- When the Accord D financing or the regular or line of credit transactions are written off by the Fédération des caisses Desjardins du Québec

4.5. Exclusions and limitations

Not all disabilities are covered

We won't pay any benefit for disabilities:

- Resulting from deliberate actions by you
- Occurring during a war (whether declared or not), a public confrontation, a revolt, an act of terrorism, an insurrection or a riot
- Occurring while you're participating or attempting to participate in a criminal act
- Occurring while we're already paying the amount payable for **Disability**—to find out more about this restriction, see the Credit Balance Insurance Business Booklet

If you become disabled within 12 months of when your coverage starts, no amount may be payable

Credit Balance Insurance includes a restriction in case of pre-existing illness or injury that may limit your coverage.

So, if you were seen by a doctor or treated for a health problem in the 6 months before your coverage started, you may not be covered if you become disabled as a result of this health problem within 12 months of your coverage start date.

We consider you to have been seen or treated if you:

- Consulted or received care from a physician or another healthcare professional who is a member of a professional body
- Underwent medical examinations or tests
- Took medication, or
- Were hospitalized

To find out more about this restriction, see the Credit Balance Insurance – Business Booklet.

If you become disabled more than 12 months after your coverage starts, the amount payable may be limited based on the average balance of your credit account

To find out more about this restriction, see the Credit Balance Insurance – Business Booklet.

Critical Illness



5.1. Amount payable

We pay the amount payable indicated below if you're diagnosed with one of the 4 covered critical illnesses for the first time.

Transaction type	Amount payable
Regular and line of credit transactions:	The balance of your Desjardins credit account
Accord D financing:	The balance of this type of Accord D financing:
	Level payment financing

When calculating the amount payable, we use the balance indicated on the last account statement generated before you were diagnosed with a covered critical illness. If a statement is generated the day you're diagnosed, that's the statement we use.

Any transactions that don't appear on the statement but were made before the statement date are included in the amount payable.



⚠ We don't take into account any transactions made after the statement date, any overdue amounts and applicable interest.

5.2. Criteria that must be met for you to be entitled to the amount payable

You must be diagnosed with one of these 4 critical illnesses for the first time:

Cancer

Stroke

Heart attack

Terminal illness

Specific definitions for these critical illnesses

The above-mentioned critical illnesses must meet the definitions set out in the Credit Balance Insurance – Business Booklet.

We only pay the benefit if:

- The diagnosis is made by a specialist while you're covered under the insurance
- It's been 30 days since the diagnosis date
- You're still living after this 30-day period and
- We've received all the information we need

5.3. Exclusions and limitations

These types of Accord D financing aren't covered:

- All deferred payment financing
- Cash advances by equal instalments

You aren't covered if your condition is the direct or indirect result of:

- Any deliberate actions by you
- Any of the following events, regardless of whether or not you participated in them:
 - War, whether declared or not
- Riot, revolt or insurrection

Public confrontation

- Act of terrorism
- Your participation or attempted participation in a criminal act or an attack
- The use of any medication, intoxicants, drugs or narcotics, unless they're prescribed or recommended by a doctor

You aren't covered in these 2 situations:

- If your cancer or terminal illness is diagnosed within 90 days of when your coverage starts
- If the diagnosis of your cancer or terminal illness is directly or indirectly related to symptoms or an illness you had when your coverage started or within 90 days of your coverage start date



The amount payable under Critical Illness can only be paid once.

Cost of your insurance

6.1. Monthly premiums

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 Desjardins credit account.

We don't calculate the premiums for your regular and line of credit transactions and the premiums for your Accord D financing the same way.

Regular and line of credit transactions

When your monthly statement is issued, \$0.25 (plus the tax on the premium) is charged directly to your account for each \$100 of your Desjardins credit account balance.

	Exam	р	les
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Balance on the statement date	Cost of insurance (plus tax on the premium)	
\$0	\$0	
\$500	\$1.25 + tax	
\$2,000	\$5.00 + tax	

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 off or pay down the balance before the due date.

Accord D financing

The premium is calculated based on the balance of each Accord D financing. This means that as the balance goes down, so does the premium. The premium is charged directly to your Desjardins credit account and it's indicated on your monthly statement.

When your monthly statement is issued, \$0.25 (plus the tax on the premium) is charged directly to your account for each \$100 of the balance of your financing.

Examples

Financing balance on the statement date	Cost of insurance (plus tax on the premium)
\$1,000	\$2.50 + tax
\$5,000	\$12.50 + tax
\$10,000	\$25.00 + tax

We'll continue to charge the premium until the financing has been paid off.

6.2. We can change the cost of insurance at any time

We reserve the right to change the cost of Credit Balance Insurance at any time. If we change it, we'll write to you ahead of time to let you know.

7

End of coverage

7.1. You can end your coverage at any time

If you end your coverage within 30 days of requesting your coverage

- 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

If you end your coverage after this 30-day period

- · Your coverage will end on the date of the account statement generated after your 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

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 were given with this summary and send it to us by registered mail, or
- Fill out the **End Your Coverage** form that's at the end of your Credit Balance Insurance Business Booklet and send it to us by registered mail

7.3. When your coverage ends

You're covered until the first of the following dates:

- The statement date following the date of your 65th birthday
- The date you die
- The date you no longer own the business
- The date you declare bankruptcy
- The statement date following the date you ask us to end your coverage
- The statement date following the date you close your credit account
- The date the Credit Balance Insurance Business contract is terminated
- The date the rights and privileges granted to you are revoked

Claims

Here's some basic information about how the claims process works. To find out everything there is to know about the claims process, see the Credit Balance Insurance – Business Booklet.

8.1. How to submit a claim

To find out how to submit a claim and get the forms you need, you can:

- Go to <u>www.claim.desjardinslifeinsurance.com</u>
- Call us at 1-877-338-8928

8.2. When you need to submit your claim by

Any time you submit a claim, you need to send us all the required forms and the proof we've asked for as soon as reasonably possible but not beyond 1 year after the event that entitled you to benefits. Moreover, in case of death, you also need to provide proof of death.

8.3. We'll pay the benefit within 30 days

If we approve your claim, we'll make a payment within 30 days of receiving all the required documents.

8.4. If you disagree with our decision

Asking for a review of your claim

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

Filing a complaint with our Dispute Resolution Officer

If you still aren't satisfied after we've reviewed your claim, you can file a complaint with our Dispute Resolution Officer.

Here's how to contact our Dispute Resolution Officer:

Dispute Resolution Officer

Desjardins Insurance 200 Rue Des Commandeurs Lévis QC G6V 6R2

Email: <u>disputeofficer@dfs.ca</u> Phone: **1-877-838-8185**

Another option

If you want to challenge our decision in court, you must do so within the time limit provided for by law. The time limit varies depending on where you live: In Ontario it's 2 years and in Quebec, it's 3 years.

Find out more

For more information about your rights, you can contact the regulatory agency in your home province or your legal advisor.

If you're not satisfied

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

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





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 - Business Booklet

Group insurance that helps repay your Desjardins credit account in case of natural death; an accident resulting in death or loss of use or dismemberment; total disability; or the first diagnosis of a critical illness.

What's this booklet for?

This booklet provides you with what you need to know about Credit Balance Insurance – Business and is part of your insurance contract. It covers these topics:

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Making a claim



Call 1-877-338-8928 or



Go to www.claim.desjardinslifeinsurance.com

Insurance questions?



Call **1-866-838-7572**



Insurer

Desjardins Insurance 200 Rue Des Commandeurs Lévis QC G6V 6R2 1-855-368-6924 www.desjardinslifeinsurance.com

This booklet is intended for information purposes only. It is not your insurance policy. For all the terms and conditions, please refer to the insurance policy. You may consult the policy at the head office of the *contract holder* during business hours. You can also obtain a copy at your expense by contacting the *contract holder*.

The following documents are important, as they constitute your insurance contract:

- · the insurance policy, including all riders and appendices;
- · the Insurance Certificate, which includes this booklet;
- · the application for insurance.

For more information on Credit Balance Insurance – Business, please contact us at: 1-866-838-7572.

Credit Balance Insurance at a glance

Credit Balance Insurance helps repay your Desjardins credit account in case of natural death; an accident resulting in death or loss of use or dismemberment; total disability; or the first diagnosis of a critical illness.

Here's an overview of the 4 coverages you can get with Credit Balance Insurance.

Coverages



Natural Death

Lump-sum payment if you die of natural causes.



Accident

Lump-sum payment if, as a result of an accident, you die or experience the loss of use or dismemberment of an eye, a hand or a foot.



Disability

Regular payments if you become totally disabled.



Critical Illness

Lump-sum payment if you're diagnosed with a covered critical illness for the first time.

When calculating the amount payable, we use the last *credit account* statement generated right before or on the date of the covered event. To find out more, see the description of each coverage in this booklet.

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Introduction

We encourage you to read this booklet closely, especially pages 14 through 16, which explain the exclusions, limitations and reductions in coverage. For the claim procedure, please refer to page 18.

We also urge you to read your Insurance Certificate to make sure all the information is correct.

The terms defined in this booklet appear in italics. Definitions are given on pages 5 through 8.

Why choose Credit Balance Insurance - Business?

- Because it covers a business owner's credit account payments in case of:
 - 1) natural death;
 - 2) an accident resulting in death or loss of use or dismemberment;
 - 3) total disability; or
 - 4) first diagnosis of a critical illness.
- Because it is tailored to your needs and reasonably priced.

Definitions

All the terms defined below appear in italics in this booklet.

Accident:	sudden and unforeseen event due to an external cause and resulting in bodily injury or death. The injury or death must be confirmed by a <i>physician</i> and be directly and solely the result of the <i>accident</i> .		
Accord D¹ financing:	financing method with a separate credit limit that is different from <i>regular</i> transactions. Accord D financing includes:		
	 level payment financing; deferred payment financing; cash advances by equal instalments. 		
Balance:	payment required (excluding any overdue amount and applicable interest) to release the <i>participant</i> fully from any financial obligation toward the <i>contract holder</i> . The <i>balance</i> equals the total <i>balances</i> of each type of credit offered by the <i>contract holder</i> .		
Benefits:	amount paid by the <i>Insurer</i> under the conditions of the contract.		
<u>Cancer</u> :	definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of <i>cancer</i> must be made by a <i>specialist</i> .		
	<u>Exclusions</u> : No <i>benefit</i> will be payable for the following non-life-threatening cancers:		
	1) carcinoma "in situ";		

Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm

any non-melanoma skin cancer that has not metastasized;

in thickness, not ulcerated and without Clark level IV or level V invasion);

2)

3)

Stage A (T1a or T1b) prostate cancer².

¹ Trademark owned by the Fédération des caisses Desjardins du Québec.

See your physician to confirm whether your condition meets the Insurer's definition of cancer in this contract.

Cash advance by equal instalments or cash advance:

level payment financing in the form of a cash advance obtained with a VISA Desjardins card. Cash advances are repayable in equal and consecutive monthly instalments determined when the advance is made. This type of Accord D financing is offered in accordance with the conditions stipulated in the Variable Credit Agreement issued by the Fédération des caisses Desjardins du Québec.

Continuing medical care:

care the *participant* must receive and that is recognized as effective, appropriate and necessary in the diagnosis or *treatment* of an illness or injury resulting from an *accident*. This care must be reasonable and customary and be administered or prescribed by a *physician*. This care may also be administered by a suitable *health care professional*, if prescribed by a *physician*. In addition, care must not be limited to examinations or tests and must be administered at the frequency required by the *participant's* condition.

Contract holder:

the Fédération des caisses Desjardins du Québec.

Credit account:

variable credit granted by the contract holder to the credit account holder and covered by this insurance. The credit account includes all transactions carried out using a credit card, as well as those carried out using a line of credit.

<u>Credit account</u> <u>holder or account</u> holder:

the individual considered to be the owner of the business in whose name the *credit account* is opened.

Credit card:

credit card recognized for the purposes of this insurance by the contract holder and the Insurer. The credit card can be used for the following types of transactions:

- 1) regular transactions;
- 2) Accord D financing.

Critical Illness:

cancer, heart attack, stroke or terminal illness diagnosed by a specialist.

Date of the statement of account:

date specified on the statement of account sent to the *credit account holder*.

<u>Deferred payment</u> <u>financing</u>:

Accord D financing for the purchase of goods or services:

- 1) obtained using a credit card; and
- 2) for which payment is deferred for a period determined on the date of financing.

Health care professional:

any health care professional who:

- is a member in good standing of his professional corporation or association; and
- 2) practises within the scope of his discipline as prescribed by law.

Heart attack:

definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- 1) heart attack symptoms;
- 2) new electrocardiogram (ECG) changes consistent with a heart attack;
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of heart attack must be made by a specialist.

Exclusions: No benefit will be payable under this condition for:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- 2) infarction, which do not meet the *heart attack* definition as described above.

Instalment:

equal and consecutive monthly *instalments* that are required to repay Accord D financing. The *instalment* is indicated on the statement of account.

Insurer:

Desjardins Insurance.

Level payment financing:

Accord D financing for the purchase of goods or services:

- 1) obtained using a credit card; and
- 2) payable in equal and consecutive monthly *instalments* determined on the date of financing.

This type of financing also includes any cash advances by equal instalments.

Line of credit:

variable credit agreement under which the *contract holder* authorizes a person to borrow in accordance with the stipulated conditions and a predetermined credit limit.

Loss of use or dismemberment:

permanent severance (accidental loss or dismemberment) or total and irrecoverable loss of use of:

- 1) sight in one eye;
- 2) one hand, including the wrist joint;
- one foot, including the ankle joint.

Minimum payment:

minimum monthly payment required by the *contract holder* and specified on the statement of account (excluding any overdue amount).

Paid work:

work for which the participant:

- 1) receives an income; or
- 2) is compensated as a self-employed worker for the completion of work or supply of services.

Income includes any portion of business income attributable to the *participant*, including salaries, fees, bonuses, wages or commissions.

Participant:

any person:

- 1) who meets the following 4 eligibility criteria:
 - a) is a business owner;
 - b) is a credit account holder;
 - c) is between the ages of 18 and 64 inclusive at the time of enrolment;
 - d) actively works for his business (minimum 25 hours per week) at the time of enrolment:
- 2) who has enrolled in Credit Balance Insurance Business; and
- 3) whose name appears on the Insurance Certificate.

Physician:

any person, other than the *participant* himself, who is licensed and practising medicine in Canada. The *physician* must not be a family member of the *participant* nor reside with him.

Regular transactions:

a cash advance or the purchase of goods or services using a *credit card*. Regular transactions do not include purchases or cash advances subject to Accord D financing.

Rider:

document appended to an insurance contract describing and attesting to any amendments made to the contract.

Specialist:

person, apart from the *participant*, who practises medicine in Canada and who is authorized by the appropriate authorities. The *specialist* practises in the field related to the covered *critical illness* and must not be a family member of the *participant* nor reside with him.

Stroke:

definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage, or embolism from an extracranial source, with:

- 1) acute onset of new neurological symptoms; and
- 2) new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis.

These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of *stroke* must be made by a *specialist*.

Exclusions: No benefit will be payable under this condition for:

- 1) transient ischaemic attacks;
- 2) intracerebral vascular events due to trauma;
- lacunar infarcts which do not meet the definition of stroke as described above.

Sum insured:

amount used to determine the *benefit* paid if an event covered by the insurance occurs. The *sum insured* is defined in the "What is the sum insured?" section of this booklet (page 10).

Terminal Illness:

any illness other than a cancer, heart attack, or stroke diagnosed by a specialist that will likely result in the participant's death within a year of the diagnosis. The diagnosis of terminal illness must be made by a specialist.

<u>Total disability or totally disabled:</u>

- 1) <u>for participants who have performed at least 80 hours of paid work for their business during the 4 weeks immediately preceding the onset of disability, disability is a state of incapacity that:</u>
 - a) results from an illness or accident;
 - b) requires continuing medical care; and
 - c) for the first 24 months of disability, totally prevents the participant from performing all the usual duties of his main occupation and,
 - for the following months, totally prevents the participant from engaging in any paid work.
- 2) <u>for all other participants who have **not** performed at least 80 hours of paid work for their business during the 4 weeks immediately preceding the onset of disability, disability is a state of incapacity that:</u>
 - a) results from an illness or accident;
 - b) requires continuing medical care; and
 - c) prevents the *participant* from performing any of the normal activities of a person of the same age.

The illness or injury resulting from the accident, as well as the participant's state of incapacity, must be confirmed by a physician.

<u>Treatment(s)</u> or treated:

- 1) consultation of a *physician* or other *health care professional* or care received from a similar specialist;
- 2) medical examinations or tests;
- 3) use of medication;
- 4) hospitalization.

2 Product description

a) Product overview

Credit Balance Insurance – Business is a group insurance product that provides credit insurance coverage for your business' *credit account*. Credit Balance Insurance – Business covers business owners who, like you, have an account with the *contract holder*.

Credit Balance Insurance – Business covers the different types of credit offered by the *contract holder*. Where applicable, it covers the following types of credit:

- 1) regular transactions;
- 2) line of credit transactions;
- 3) Accord D financing.

There are two types of Accord D financing:

- Deferred payment financing
 This type of financing is used to purchase goods or services from a retailer.
- Level payment financing
 This type of financing is used:
 - to purchase goods or services from a retailer; or
 - to get cash advances by equal instalments.

b) Summary of Conditions and Features

Who is eligible?

You are eligible for Credit Balance Insurance – Business if you meet the following 4 criteria at the time of enrolment:

- 1) You are a business owner.
- 2) You are a credit account holder.
- 3) You are between the ages of 18 and 64 inclusive.
- 4) You actively work for your business (minimum 25 hours a week).

The *Insurer* and *contract holder* reserve the right to decline your application if you do not meet the 4 criteria mentioned above.

What is the enrolment procedure?

You can enrol in Credit Balance Insurance – Business by completing the relevant form, at the same time or after you open a *credit account*.

Are there any health questions?

You do not have to answer any questions pertaining to your health at the time of enrolment. However, benefits may be limited if you have a pre-existing illness or injury (see page 15).

When does coverage take effect?

You are covered on the date you enrol in Credit Balance Insurance - Business.

The participant will receive an Insurance Certificate from the Insurer shortly after enrolling. This certificate confirms that you are covered.

What coverage is offered?

Credit Balance Insurance – Business consists of **4 types of coverage**, applicable to the different types of credit offered by the *contract holder*:

- 1) Natural Death coverage, pays a benefit if you die from natural causes;
- 2) Accident coverage, pays a benefit if you:
 - die accidentally; or
 - suffer the loss of use or dismemberment of one eye, one hand, or one foot as a result of an accident;
- 3) Disability coverage pays a benefit if you become totally disabled, in accordance with the terms of the contract;
- **4) Critical Illness coverage** pays a *benefit* when you are diagnosed with a *critical illness* covered by the contract for the first time.

What is the sum insured?

The sum insured is used to determine the amount of a benefit payable if an event covered by the insurance occurs.

Natural Death coverage:

The sum insured is equal to the balance on the date of the statement of account produced:

- 1) immediately prior to the participant's date of death; or
- 2) on the participant's date of death.

Accident coverage:

The sum insured is equal to the balance on the date of the statement of account produced:

- 1) immediately prior to the date of the accident resulting in the participant's death, loss of use or dismemberment; or
- 2) on the date of the accident resulting in the participant's death, loss of use or dismemberment.

Disability coverage:

The sum insured is equal to the balance on the date of the statement of account produced:

- 1) immediately prior to the participant's total disability-onset date; or
- 2) on the participant's total disability-onset date.

Critical Illness coverage:

The sum insured is equal to the balance on the date of the statement of account produced:

- 1) immediately prior to the date on which the participant is first diagnosed with a critical illness; or
- 2) on the date the participant is first diagnosed with a critical illness.

All coverages:

The sum insured also includes the amount of any transactions that do not appear on the statement of account but were performed prior to the date of the statement of account. These include all credit card transactions and all line of credit transactions. However, the Insurer does not take into account credit card transactions carried out after the date of the statement of account, any overdue amount and applicable interest.

What is the benefit amount?

Natural Death coverage:

The benefit is equal to the sum insured, up to the maximum permitted under this coverage.

Accident coverage:

Death

If the death occurs directly and solely as a result of an *accident*, the *benefit* is equal to the *sum insured*, up to the maximum permitted under this coverage. Death must also occur within 365 days of the *accident*. This *benefit* will not be paid in addition to the *benefit* payable in the event of natural death.

• Loss of use or dismemberment of one hand, one foot or one eye

The benefit is equal to the sum insured, up to the maximum permitted under this coverage.

The loss of use or dismemberment must result directly and solely from an accident and occur within 365 days of the accident.

Limitation for the same coverage

We only pay the benefit once for the same accident, even if:

- You suffer more than one loss of use or dismemberment;
- You die after having suffered a loss of use or dismemberment.

Disability coverage:

Subject to the monthly maximum, the amount of the *benefit* is equal to the *minimum payment* indicated on the *credit account* statement.

The *credit account* statement used is the one immediately preceding or coinciding with the *disability* onset date. During the *benefit* period, the *Insurer* will adjust the monthly *benefit* to take the *sum insured* into account.

For incomplete months of *total disability*, the *Insurer* pays the portion of the *sum insured* that corresponds to the number of days of *total disability* divided by the number of days in the month.

Critical Illness coverage:

The benefit amount is equal to the sum insured, up to the maximum permitted under this coverage.

The benefit is payable on the first diagnosis of a critical illness. Critical illness means:

- 1) cancer;
- 2) heart attack;
- 3) stroke; or
- 4) terminal illness.

The critical illness must be diagnosed by a specialist.

All coverages:

Only an event that occurs while the insurance is in force can give rise to a benefit.

When submitting a benefit claim, the participant or anyone claiming entitlement to benefits must provide the *Insurer* with all the *credit account* statements required to calculate the *sum insured*.

What is the maximum coverage provided?

The maximum sum insured under Credit Balance Insurance – Business for all coverages combined is \$100,000 per participant. The total benefits payable under the Credit Balance Insurance – Business for all types of coverage combined cannot exceed \$100,000 per participant.

The maximum monthly benefit under Credit Balance Insurance – Business for all coverages combined is \$2,000 per participant.

These maximum amounts apply to all *credit accounts* insured by a single *participant* under the Credit Balance Insurance – Business contract. Where several *credit accounts* are insured, priority will be given to the accounts insured first.

Specific conditions apply to Accord D financing (refer to this section on page 17).

When do benefit payments start?

Natural Death coverage:

The Insurer pays the benefit once the claim has been approved.

Accident coverage:

The Insurer pays the benefit once the claim has been approved.

Disability coverage:

For participants who have performed at least 80 hours of paid work for their business during the four weeks immediately prior to the onset of total disability:

The Insurer will start paying a benefit as of the 31st day of continued total disability, if the participant
is still totally disabled. The benefit will then be retroactive to the first day of total disability. The first
benefit payable to the participant will include the first 30 days of total disability.

For participants who <u>have not</u> performed at least 80 hours of paid work <u>for their business</u> during the four weeks immediately prior to the onset of total disability:

• The Insurer starts paying a benefit as of the 91st day of continued total disability, if the participant is still totally disabled. The benefit will then apply as of the 91st day of total disability.

Successive periods of total disability:

The Insurer considers as a single period of total disability two or more periods of total disability that are:

- separated by a period of less than 90 days during which the participant was not totally disabled;
- 2) caused by the same illness or accident.

The waiting period applies only once in this case and the total monthly benefit cannot exceed the sum insured established for the purpose of the first of these total disability periods.

Critical Illness coverage:

No benefit is payable for the first 30 days following the first diagnosis of a critical illness. After this waiting period, the Insurer pays the benefit if the participant is still alive.

When do benefit payments end?

With respect to **Disability coverage**, benefit payments end when:

- 1) the participant is no longer totally disabled;
- 2) the participant is performing paid work or is involved in any form of business activity designed to generate a salary or profit;
- 3) the participant is receiving training or has returned to school;
- 4) the sum insured (excluding accrued interest) has been paid by the Insurer;
- 5) the Accord D financing or the regular transactions are written off by the contract holder.

How is the cost of insurance calculated?

The premium is withdrawn from your *credit account* every month. To calculate the amount to be withdrawn, the premium rate is applied to each \$100 of insured *balance*. Where applicable, tax is added to this amount. Specific conditions apply to *Accord D financing* (refer to this section on page 17).

A participant who receives a disability benefit is entitled to a refund of a portion of the monthly premium. The amount of the refund is equal to the premium calculated based on the sum insured used to determine the benefit payable. Therefore, during a disability benefit period, the Insurer refunds this amount each month.

The premium rate is not guaranteed. In the event of a change in the premium rate, the *Insurer* will notify the *contract holder* in advance.

Who receives the benefit?

Because the insurance covers the *balance* of your Desjardins *credit account*, any amount we pay must be used to pay off or pay down that *balance*. That's why we apply the amount payable directly to the *balance* of your *credit account* or *Accord D financing*.

Can the Insurer modify the contract?

The *Insurer* can modify the contract by notifying the *contract holder* in writing. Such notice must be sent at least 30 days before the modifications take effect. The *Insurer* and the *contract holder* may also agree to modify the contract.

What happens if the contract holder changes certain conditions?

Even if the *contract holder* makes changes to variable credit agreements or *credit account* statements that affect the scope of coverage under this contract, the insurance will continue to apply as before. In order for these changes to apply to the Credit Balance Insurance – Business contract, the *Insurer* must add a *rider* to the contract.

⚠ Important

Exclusions, Limitations and Reductions in Coverage

Exclusions

In the following circumstances, the *Insurer* does not pay the *benefit* set out in the contract for the coverage marked by an "X".

A- Natural Death								
	B-	Accident						
		C-	C- Disability					
			D- Critical Illness					
Α	В	С	D					
x				1.	If the <i>participant</i> commits suicide within the first two years of coverage. If the <i>participant</i> commits suicide, the <i>Insurer</i> terminates the coverage and refunds the premiums paid under this contract.			
Х	Х	Х	Х	2.	If the direct or indirect cause of the <i>participant</i> 's condition is an act committed voluntarily.			
X	×	×	×	3.	If the direct or indirect cause of the participant's condition is one of the following: • a war, whether declared or not; • public confrontation; • riot; • revolt; • insurrection; or • an act of terrorism. This exclusion applies whether or not the participant participates in these events.			
х	х	х	х	4.	If the direct or indirect cause of the <i>participant</i> 's condition is his participation or attempted participation in: • a criminal act; or • any attack.			
			Х	5.	If the <i>participant</i> 's condition results directly or indirectly from the use of any medication, intoxicants, drugs or narcotics, unless they are prescribed or recommended by a <i>physician</i> .			
			Х	6.	For any cancer or terminal illness that existed prior to the effective date of coverage, or that was diagnosed prior to or within 90 days of the effective date of coverage.*			
			Х	7.	If the medical symptoms or problems that gave rise to the first diagnosis of cancer or a terminal illness appeared prior to or within 90 days of the effective date of coverage.*			
			Х	8.	If the participant dies within 30 days of the first diagnosis of a critical illness.			
	X 9. For health problems not specifically covered by the Critical Illness coverage.							

* With regard to Accord D financing, the time period is calculated based on the earlier of the following dates: the date of each financing and the coverage effective date.

Limitations regarding benefits

- 1) Benefits can never exceed the maximum sum insured stipulated in the "What is the maximum coverage provided?" section of this booklet (page 12).
- Monthly benefits payable to a participant can never exceed the maximum monthly benefits stipulated in the "What is the maximum coverage provided?" section of this booklet (page 12).

- 3) If the participant dies within 365 days of an accident, the Insurer will not pay loss of use or dismemberment benefits. Only the benefit provided in the event of accidental death is payable.
- 4) If a participant has already received a critical illness benefit for a terminal illness, no benefit is payable under the Natural Death coverage.
- 5) The total *benefits* payable to a *participant* for the duration of the contract can never exceed the maximum *sum insured* stipulated in the "What is the maximum coverage provided?" section of this booklet (page 12).
- 6) While a disability benefit is being paid, the Insurer cannot accept any other disability claims for the same participant. This condition applies to the balance of regular transactions as long as the monthly benefit related to the first claim is being paid. However, for Accord D financing, the Insurer can approve another disability claim for the same participant. This must be Accord D financing for which no benefit is already being paid and which was obtained before the onset date of a new total disability.
- 7) Critical illness benefit can only be paid once per participant.

Pre-existing illness or injury

If a claim is for an illness or injury that existed prior to enrolling in the insurance, the *Insurer* may refuse to pay it.

The following table indicates whether or not the *participant* is eligible for a *benefit* when his state of health is related to a pre-existing illness, to symptoms associated with this illness or to a pre-existing injury. The table applies to the Natural Death coverage and the Disability coverage.

Did the death or total disability occur in the first year of coverage?					
NO		YES			
Benefit payable	this illnes	Has the <i>participant been treated</i> for the same illness, for the symptoms associated with this illness or for the injury that caused the death or <i>total disability</i> in the six months prior to the effective date of coverage?			
	NO	YES Has there been a period of six consecutive months, which terminated after the insurance came into effect, during which the participant did not receive any treatment for this illness, for the symptoms associated with this illness or this injury?			
	Benefit payable				
		YES			
No benefit payable			Benefit payable		

With regard to Accord D financing, the time period is calculated based on the earlier of the following dates: the date of each financing and the coverage effective date.

If no benefit is payable for a death due to a pre-existing illness or injury, the *Insurer* will reimburse any premiums paid by the *participant*.

Amount of benefit payable

Natural death coverage

When a benefit is payable and the death is due to an illness, to the symptoms associated with this illness or to an injury treated during the 6 months preceding death, the benefit is equal to the lesser of the following amounts:

a) the sum insured; or

- b) the average balance of the credit account during the following period:
 - the 6-month period immediately prior to the date of the first treatment, if the first treatment took place LESS than 6 months prior to the date of death;
 - the 6-month period immediately prior to the 6-month period before death, if the first treatment took place MORE than 6 months prior to the date of death.

Disability coverage

When the participant is entitled to benefits and his total disability is due to an illness, to the symptoms associated with this illness or to an injury treated during the 6 months preceding the onset of total disability, the benefit is equal to the lesser of the following amounts:

- a) the minimum payment as indicated on the credit account statement preceding the onset of total disability; or
- b) the minimum payment that would be required by the contract holder based on the average balance of the credit account during the following period:
 - the 6-month period immediately prior to the date of the first treatment, if the first treatment took place LESS than 6 months prior to the onset of total disability;
 - the 6-month period immediately prior to the 6-month period before the onset of total disability, if the first treatment took place MORE than 6 months prior to the onset of total disability.

Cancellation

The participant may cancel his insurance at any time.

If the *participant* terminates his insurance within the first 30 days of enrolling, all premiums paid will be refunded. To cancel his insurance, the *participant* must notify the *Insurer* by phone at the number shown on the cover of this booklet. There is also a form to end coverage on page 23 that can be used for this purpose. The *participant* must mail his request to the *Insurer*'s address indicated on page 2.

The participant can also ask the Insurer to terminate his insurance any time after this 30-day period. His insurance will then end on the date of the statement of account produced immediately after his request.

When does coverage expire?

Coverage expires on the earliest of the following dates:

- the statement date following the date of the participant's 65th birthday;
- the date on which the participant dies;
- the date on which the participant is no longer the business owner;
- the date on which the participant declares bankruptcy;
- the date of the statement of account produced immediately after the day the Insurer is notified of the participant's intention to terminate his coverage;
- the date of the statement of account produced immediately after the day the contract holder has been informed of the participant's intention to cancel his credit card;
- the date the Credit Balance Insurance Business contract terminates, as agreed between the contract holder and the Insurer;
- the date the rights and privileges granted to the participant are revoked by the contract holder.

c) Specific conditions applicable to Accord D financing

Unless identified as replacement conditions, the specific conditions described in this section should be considered as complementary to the conditions described in the other sections of the booklet.

<u>In addition to regular credit card transactions</u>, the insurance covers the following types of Accord D financing if specified on the participant's statement of account:

- 1) Level payment financing
- 2) Deferred payment financing
- 3) Cash advances by equal instalments

The monthly total disability benefit is equal to the monthly instalment owing on these types of Accord D financing. The total monthly benefit therefore includes this instalment plus the benefit payable for regular transactions.

When the *contract holder* offers all types of credit, the *balance* used to determine the *sum insured* corresponds to the total *balance* of the following:

- the regular credit card transaction balance; plus
- the line of credit transaction balance; plus
- the Accord D financing balance.

1) Conditions specific to deferred payment financing

The Insurer pays a benefit equal to the deferred payment balance if the participant dies during the deferment period.

If a minimum payment is required after the onset of total disability, it will be covered by the insurance. However, the participant must have obtained the deferred payment financing prior to the onset of total disability to be entitled to a benefit.

In addition, the *participant* will not be billed for the premium applicable to the *balance* during this time.

2) Conditions applicable to cash advances by equal instalments

Credit Balance Insurance – Business also covers the balance of financing in the form of cash advances by equal instalments obtained on or after January 20, 2013. The Insurer pays a benefit equal to the balance of cash advances by equal instalments. This financing is covered in the event of the participant's loss of use or dismemberment or total disability. Moreover, no premium for the balance of these cash advances is billed to the participant.

3

Benefit claims

a) Submitting a claim

To submit a claim, the participant, or his legal heirs in the event of his death, must contact the Insurer by telephone at 1-877-338-8928.

The Insurer will then ask the claimant for the documents proving the event that entitles the participant to a benefit.

All documents required by the *Insurer* to examine the claim must be provided as soon as reasonably possible, but not beyond one year after the event that entitled the *participant* to *benefits*.

Beyond this one-year period, in cases of *total disability*, the *Insurer* will only consider the last year preceding the date on which the claim is received. For example, if a claim is submitted 18 months after the beginning of *total disability*, the *Insurer* will only pay *benefits* for the 12 months preceding receipt of the claim.

The *Insurer* may, where applicable, ask the *participant* for additional information in order to process the claim. The *Insurer* reserves the right to request that the *participant* be examined by a *physician* of its choosing when a claim is submitted.

b) Insurer's reply

If the claim is approved by the Insurer, a benefit will be paid within 30 days of receiving the required proof.

If the *Insurer* denies the claim or pays only a portion of the *benefit*, the *participant* will receive a letter explaining the reasons for the *Insurer*'s decision. The letter will be sent within **30 days** of the date of receipt of the documents required to process the claim.

Disability claims:

The participant is responsible for submitting satisfactory proof of total disability to the Insurer. Proof may include a medical specialist's opinion or copies of examination results.

The Insurer may at any time require the participant to:

- 1) provide satisfactory proof of continued total disability;
- 2) be examined by one or more physicians or health care professionals selected by the Insurer.

c) Appeal of an Insurer's decision and recourse

If the *Insurer* does not approve the claim, you may submit additional information and request that your file be reviewed.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or any applicable law. If you want to challenge our decision in court, you only have a certain amount of time to do so and it varies depending on where you live: in Ontario, it's 2 years and in Quebec, it's 3 years.

To know more about your rights, you can contact the regulatory agency of your province or consult your legal advisor.

4

Regulatory agencies

For more information about the obligations of the Insurer and the distributor, please contact the appropriate provincial regulatory agency responsible for overseeing the application of insurance legislation.

a) Autorité des marchés financiers (Quebec residents only)

Autorité des marchés financiers

Place de la Cité, Tour Cominar 2640, boul. Laurier, bureau 400 Québec (Québec) G1V 5C1

Phone (toll free): 1-877-525-0337

Québec: 418-525-0337 Montréal: 514-395-0337

Fax: 418-647-0376

Website: www.lautorite.qc.ca

b) Financial Services Regulatory Authority of Ontario (Ontario residents only)

Financial Services Regulatory Authority of Ontario

5160 Yonge Street P.O. Box 85 Toronto ON M2N 6L9

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

Fax: 416-590-7070

Email: contactcentre@fsrao.ca

Website: www.fsrao.ca

5 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 rescind or cancel an insurance contract you have just signed when you sign another contract. The *Insurer* gives you 30 days to do so without penalty. To cancel your contract, you must notify the *Insurer* by registered mail within this 30-day period. You may use the attached template for this purpose.
- Even though it was cancelled, the first contract remains in force. Note that you may lose the favourable conditions that were extended to you under this insurance contract; contact your distributor or consult your contract.
- After this 30-day period has expired, you may cancel the insurance at any time; however, penalties may apply.

For further information about the Act and your rights, contact your province's regulatory agency.

6 Personal Information Management

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you can benefit from the financial services (insurance, annuities, credit, etc.) it offers. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer

Desjardins Insurance 200, rue des Commandeurs Lévis (Québec) G6V 6R2

Desjardins Insurance can send promotional information or offer new products to individuals whose names appear on its client list. Desjardins Insurance may also give its client list to another component of the Desjardins Group for the same purposes. If you do not want to receive such offers, you may have your name removed from the list by sending a written request to the Privacy Officer at Desjardins Insurance.



As a responsible company attentive to the needs of its clients, Desjardins Insurance strives to offer products and services that meet your expectations. However, if you are dissatisfied with any of our products or services, please let us know by following the steps below.

Contact the person or establishment from whom you purchased the product.

The telephone number should be in the documentation you received when you enrolled. Ask for an explanation. In most cases, a simple call is all it takes to get the answers you need.

2) Call our Customer Service Centre.

If you are not fully satisfied with the explanation you received in step 1, contact our Customer Service Centre at 1-866-838-7584. Our CSC agents know our products well and should be able to help you.

3) Write to our Dispute Resolution Officer.

If you are not satisfied with the answer you received from our Customer Service Centre, you may file a complaint with Desjardins Insurance's Dispute Resolution Officer. The role of the Dispute Resolution Officer is to assess the merits of the company's decisions and the soundness of its practices when clients feel they have not received the service they were entitled to.

Please write to:

Dispute Resolution Officer

Desjardins Insurance 200, rue des Commandeurs Lévis (Québec) G6V 6R2

Or email: disputeofficer@dfs.ca

You can also call the Dispute Resolution Officer at 1-877-838-8185.

For more information on the procedure to follow in the event of a problem or complaint, please visit our website at www.dfs.ca/complaint, where you can also find complaint forms.

Your satisfaction is our priority!

Helpful hints

- Make sure you have all the documents and information you need to provide a detailed explanation
 of the problem (account statements, names of employees in question, dates, etc.).
- Write down the names of the individuals with whom you have spoken, and the dates of your conversations.
- Include your name, address and telephone number in all correspondence.

8 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'll never feel alone!

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

Assistance services you need!

Whether you need psychological help, answers to your legal questions, support in finding convalescent care or settling an estate, you'll find the assistance services provide great help! To find out more, visit www.desjardins.com.

Need help?

Visit www.desjardins.com or call 1-877-506-8392. Services offered 24/7.

Here's 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're 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."

Legal Assistance

Service offered by lawyers who are members of the bar to help you with issues like family and commercial law, hidden defects and consumer protection, 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?"

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?"

Estate settlement assistance

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

Here's an example:

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

Assistance services provided by Assistel.



Appendix End Your Coverage Credit Balance Insurance - Business





To end your coverage, fill out this form and send it by registered mail to:

Desjardins Insurance **Contract Administration** Credit Balance Insurance – Business 200 Rue Des Commandeurs Lévis QC G6V 6R2

The following form can be used by insureds in all provinces.

About you	
Name	First name
Credit account number	
About the insurance you want to end	
Date you applied for the insurance	
Signature	
X	
Your signature	Date





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:	