

LIFE AND HEALTH
INSURANCE

Advisors – Term Plus



beneva

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1. Term Plus: An all-in-one insurance solution!

Term Plus is an all-in-one, flexible and affordable insurance product. Whether for personal, business or loan insurance needs, combining credit protection in the event of disability and critical illness coverage with Term Plus will ensure that your clients obtain adapted, comprehensive protection.

- Flexibility to combine multiple terms of 10, 15, 20, 25, 30, 35 or 40 years with a choice of level or decreasing life insurance amount
- Option of complementing life insurance coverage with additional riders:
 - Disability rider for credit protection purposes (2 years, 5 years or up to age 65)
 - \$20,000 critical illness rider covering the 3 most common illnesses – **automatically granted when Term Plus life insurance is approved at a standard rate and without any exclusions!** An easy way to introduce the benefits of critical illness coverage to your clients.
- Competitive premiums and preferred underwriting
- Convertible and renewable coverage every 5 years after the initial term
- Guarantee of future insurability included with life insurance and disability rider
- Distinctive Extreme Disability Benefit that provides an advance payment in case of a prolonged extreme disability

Plus, it is possible to combine Term Plus with permanent life, critical illness and universal life insurance (level insurance amounts only) to obtain comprehensive protection in one policy!

The flexibility offered by Term Plus allows you to build a well-suited protection to address your clients' multiple insurance needs:

- Coverage for personal loans and other debts
- Coverage for business loans and financial expenses
- Income protection
- Estate planning

2. Term Plus at a Glance

Basic Coverage – Term Life Insurance	
Coverage Type	• Individual or Multi-Life • Joint First to Die (2 to 5 lives)
Available Terms	• 10, 15, 20, 25, 30, 35 or 40 years
Issue Ages	• Term Plus 10: 18-75 • Term Plus 15: 18-70 • Term Plus 20: 18-65 • Term Plus 25: 18-60 • Term Plus 30: 18-55 • Term Plus 35: 18-50 • Term Plus 40: 18-45
Insurance Amount	• Minimum: \$25,000 • Maximum: \$10,000,000
Percentage of Insurance Amount	• Level • Decreasing to 50% of the initial insurance amount
Rate Ranges	• \$25,000 - \$99,999 • \$100,000 - \$249,999 • \$250,000 - \$499,999 • \$500,000 - \$999,999 • \$1,000,000 and over <i>Preferred risk classes are available for term life insurance products for coverage amounts starting from:</i> • \$2,000,001 for ages 18-50 • \$500,000 for ages 51 and over
Insurability Benefit (included)	It is possible to increase the insurance amount, without new evidence of insurability, upon certain life events or when obtaining a new loan/financial obligation or increasing an existing one. The insurance amount may be increased before the age of 60, up to 25% of the initial insurance amount, to a maximum of \$100,000. Any additional coverage will carry a level type of insurance amount.
Exchange Program	Includes two components: the exchange privilege and a partial conversion with term carryover. Before the 7th anniversary of the contract, the exchange is possible in terms longer than the initial term, without new evidence of insurability. At any time before the expiry date of the right of conversion, the exchange is possible in a term equal to or longer than the initial term with a partial conversion into a permanent product without new evidence of insurability.
Extreme Disability Benefit (included)	Before the age of 60, 50% (when insurance amount is level) or 25% (when insurance amount is decreasing) of the initial insurance amount may be payable in advance, up to a maximum of \$250,000 as long as the insured is in a state of extreme disability for a period of 6 consecutive months.
Renewal	Renewable every 5 years, after the initial term, up to age 85, without new evidence of insurability.
Conversion	Convertible to permanent life insurance before age 71, without new evidence of insurability.
Multi-Life	Option to continue the benefit as a separate policy without new evidence of insurability.
Privilege	
Insurability Privilege (joint first-to-die coverage)	May be exercised without new evidence of insurability: • Upon the first death of one of the insureds, the surviving insured(s) may request, within a 90-day period, to have this benefit replaced by any available permanent life insurance benefit. • Within 18 months following the dissolution of the union or association, each insured may request to replace the benefit with another life insurance benefit.
Simultaneous Death (joint first-to-die coverage)	An additional death benefit will be paid if a surviving insured dies during the 90 days following the first death to have occurred, while being under the age of 65.

Basic Coverage – Term Life Insurance (cont'd)

Additional Benefits

- Total Disability Rider (credit protection)
- Critical Illness Rider (3 illnesses, \$20,000)
- Child Rider (life insurance for dependent children)
- Children's Endorsement Benefit (critical illness insurance for dependant children)
- Waiver of Premium in case of total disability (waiting period: 4 or 6 months)
- Accidental Death and Dismemberment
- Benefit in case of fracture

Complementary Coverage

Term Plus can be combined with permanent life, critical illness and universal life insurance (level insurance amounts only).

Policy Fees

- \$60

Additional Benefits

Total disability rider (issue age 18-60)

A monthly indemnity that provides credit protection in the event of total disability.

Two options are available:

Disability rider with guarantee – Proof of loan upon purchase:

- Guarantees monthly indemnity payments up to \$2,000 when proof of loan/financial obligation is provided at the time of purchase

Disability rider without guarantee – Proof of loan upon claim:

- Proof of loan or financial obligation is required at the time of claiming

The insured must:

- Take out Term Plus life insurance;
- Work 8 months or more a year; and
- Work at least 21 hours a week or a minimum of 92 hours per month.

Monthly indemnity:

- Minimum: \$300
- Maximum: 1.5% of the Term Plus life insurance amount, up to an overall maximum of \$3,500 per insured for all disability riders combined.

A stay at home spouse or spouse on parental leave is eligible for:

- a maximum eligible monthly indemnity of \$1,000
- an indemnity period of 2 years

Eligible loans and financial obligations:

- Mortgage loan or mortgage line of credit
- Personal loan or personal line of credit
- Vehicle lease
- Student loan
- Commercial loan
- Loan for investment purpose
- School and municipal taxes (in addition to a home mortgage loan or home equity line of credit)
- Condominium fees (in addition to a home mortgage loan or home equity line of credit)
- Lease for housing or commercial premises
- Spousal support, spousal and child(ren) support or child(ren) support

Additional Benefits (cont'd)

Total disability rider (issue age 18-60) (cont'd)

Indemnity periods offered: 2 years, 5 years or up to age 65. For the indemnity period up to age 65, only residential mortgage loans or mortgage lines of credit are eligible for the disability rider with guarantee (proof of loan upon purchase).

Waiting period – 2 or 5 years:

- 90 days, retroactive to the 31st day
- 30 days, if total disability results directly from an accident, a hospitalization for a continuous period of at least 72 hours, or day surgery.

Waiting period – up to age 65:

- 90 days

Built-in Insurability Benefit: option to increase the monthly indemnity coverage. This option must be exercised at the same time as the Insurability Benefit that is included in the Term Plus life insurance coverage.

Built-in Assistance Benefit: an array of assistance services including second medical opinion and medical referral services.

Critical Illness Rider (issue age 18-60)

Critical illness protection requested at the same time as Term Plus life insurance is automatically granted without any additional underwriting requirements as long as the life insurance coverage is approved at a standard rate and without any exclusions.

Lump sum: \$20,000

Critical illnesses covered (with survival period of 30 days): cancer, severe heart attack and stroke.

This rider may be transferred in case of conversion from Term Plus life insurance to a permanent life insurance product. The rates applicable at time of issue of the rider will continue to apply.

Built-in Assistance Benefit: an array of assistance services including second medical opinion and medical referral services.

Child Rider (issue age 18-55)

Life insurance protection for all of the insured's dependent children from 15 days old up to age 25.

Insurance amount:

- Minimum: \$5,000 per child
- Maximum: \$25,000 per child

Conversion to a permanent life insurance available, without evidence of insurability, for an amount up to 5 times the coverage in force, up to a maximum of \$100,000.

Children's Endorsement Benefit

Critical illness insurance coverage for all of the insured's children until they turn 21 (or 25 if still a full-time student). The policyholder must be the owner of the policy to take out this endorsement.

Minimum Amount of Insurance: \$5,000

Additional coverage may be added, up to a maximum of \$50,000 per child.

The amount of insurance must be the same for each child under the same contract.

The Assistance Benefit is included with the Children's Endorsement Benefit.

Waiver of Premiums (issue age 18-55)

When a total disability occurs over a period of either 4 or 6 consecutive months, depending on the selected waiting period, the policy premiums will be waived until the end of the disability period.

Additional Benefits (cont'd)

Accidental Death and Dismemberment *(issue age 18-60)*

Additional coverage available in the event of an accidental death or serious injury.

In case of dismemberment or accidental death, the following benefits are payable:

- 100% of the sum insured in case of death or the loss of two limbs
- 100% of the sum insured in case of quadriplegia, hemiplegia or paraplegia
- 50% of the sum insured for the loss of one limb

Insurance amount: \$500,000 not exceeding the death benefit of the coverage to which the accidental death and dismemberment rider is added.

Benefit in Case of Fracture *(issue age 18-60)*

Additional coverage available in case of accidental fracture or severance.

In the event of accidental fracture or severance, the following benefits are payable:

- skull, spine, pelvis (ilium bone) and femur: \$5,000
- breastbone, larynx, windpipe, shoulder blade, radius, humerus, kneecap, ulna, tibia and fibula: \$1,500
- bone not mentioned above: \$750

3. Term Plus Coverage Description

3.1 Insurance Amount

The insured may choose his or her term life insurance benefits with either a level or decreasing insurance amount, based on his or her needs.

With the decreasing option, well-suited for covering a mortgage loan or other loans and financial obligations, the insurance amount gradually decreases to 50% of the initial amount, and then remains constant until the benefit terminates. The decrease is calculated in accordance with a mortgage amortization calendar using an interest rate of 7%. The decreasing insurance amount table is available as an appendix in section 10.1.

It is possible for an insured to change the type of insurance amount chosen, but only prior to the first anniversary of the benefit.

The insurance amounts offered: \$25,000 to \$10,000,000.

3.2 Coverage Types

- Individual: Only one person is insured under the policy
- Multi-Life: Up to 6 individuals may be insured under the same policy (maximum of 20 coverages)
- Joint First to Die: 2 to 5 lives may be insured for a benefit payable upon the first death to occur among the insureds.

It is possible to combine different coverage types under a single policy to better meet your client's needs.

3.3 Available Terms

Many terms are available to meet various coverage needs: Terms of 10 years, 15 years, 20 years, 25 years, 30 years, 35 years or 40 years; all of which are renewable every 5 years after the initial term.

The insured may also group multiple Term Plus life plans in one policy with different terms and insurance amount combinations. This allows to better match insurance coverage to personal or business insurance needs in addition to saving on policy fees.

Under a single policy, the insured can therefore subscribe to different coverage types made up of different terms and insurance amount combinations. Here are a few examples:

	Coverage	Type	Insurance Amount
Example 1 Combination of Joint First to Die coverages	Coverage 1 Joint First to Die Insured 1 Insured 2	T30, Level	\$250,000
	Coverage 2 Joint First to Die Insured 1 Insured 2	T25, Decreasing	\$150,000
Example 2 Combination of Joint First to Die and Individual/Multi-life	Coverage 1 Joint First to Die Insured 1 Insured 2	T30, Level	\$250,000
	Coverage 2 Individual/Multi-life Insured 3	T10, Level	\$100,000
	Coverage 3 Individual/Multi-life Insured 1	T10, Decreasing	\$100,000

3.4 Issue Ages

- Term Plus 10: 18-75
- Term Plus 15: 18-70
- Term Plus 20: 18-65
- Term Plus 25: 18-60
- Term Plus 30: 18-55
- Term Plus 35: 18-50
- Term Plus 40: 18-45

3.5 Renewal

All Term Plus plans are renewable every 5 years at the end of the initial term. The benefit terminates on the insurance anniversary closest to the insured's 85th birthday or on the insurance anniversary date closest to the 85th birthday of the eldest insured in the case of a joint life insurance.

The renewal premiums are guaranteed at policy issue. The insurance amount for the renewal will carry a level type of insurance amount.

When a total disability rider, a \$20,000 critical illness rider, an accidental death and dismemberment or a fracture benefit are added to the policy, they are also automatically renewed and their premiums will remain unchanged.

3.6 Insurability Benefit

This benefit is included in the Term Plus coverage. It offers the policyowner the option of increasing the insurance amount, without new evidence of insurability,

under certain conditions:

- The insured must be 60 years old or less at the reception of the written request for an increase.
- The insured cannot be disabled.
- The option must be exercised within 60 days of acquiring a new loan/financial obligation or increasing an existing loan/financial obligation or upon any of the following events: marriage of either of the Insureds, adoption or birth of a child for either of the insureds, the obtainment, by either of the insureds, of a bachelor's degree, a master's degree or a doctorate.
- The option may be exercised more than once, as long as the increase does not exceed 25% of the initial insurance amount, to a maximum of \$100,000.

When a written request to increase the death benefit is received, the premium calculation is based on the age of the insured at the time of receipt, according to the insured's class of risk when the coverage took effect, and by using a benefit that is offered by the company as part of the process of exercising the insurability benefit.

If this option is exercised, the increase in the insurance amount will be processed as additional benefits and will carry a with level insurance amount.

3.7 Extreme Disability Benefit (EDB)

If the insured is in a state of extreme disability before the age of 60, for a continued period of 6 months, a percentage of the insurance amount is payable in advance, upon the policyowner's request, up to a maximum of \$250,000.

In the case of a level insurance amount, the percentage payable in advance is equal to 50% of the initial amount insured.

In the case of a decreasing insurance amount, the percentage payable in advance is equal to 25% of the initial amount insured.

Upon the death of the insured, the insurance amount will be paid to the beneficiary, less any amount paid in advance under the Extreme Disability Benefit.

Contractual definition of extreme disability

Extreme disability is defined as a medical condition that renders an insured totally and permanently disabled, with no reasonable chance of recovery, as diagnosed by a medical doctor, and unable of performing 4 of the following 6 daily living activities:

- Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment
- Dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances
- Toileting – the ability to get on and off the toilet and maintain one's personal hygiene
- Bladder and Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained
- Transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of equipment
- Feeding – the ability to consume food or drink that has been prepared and made available, with or without the use of adaptive utensils.

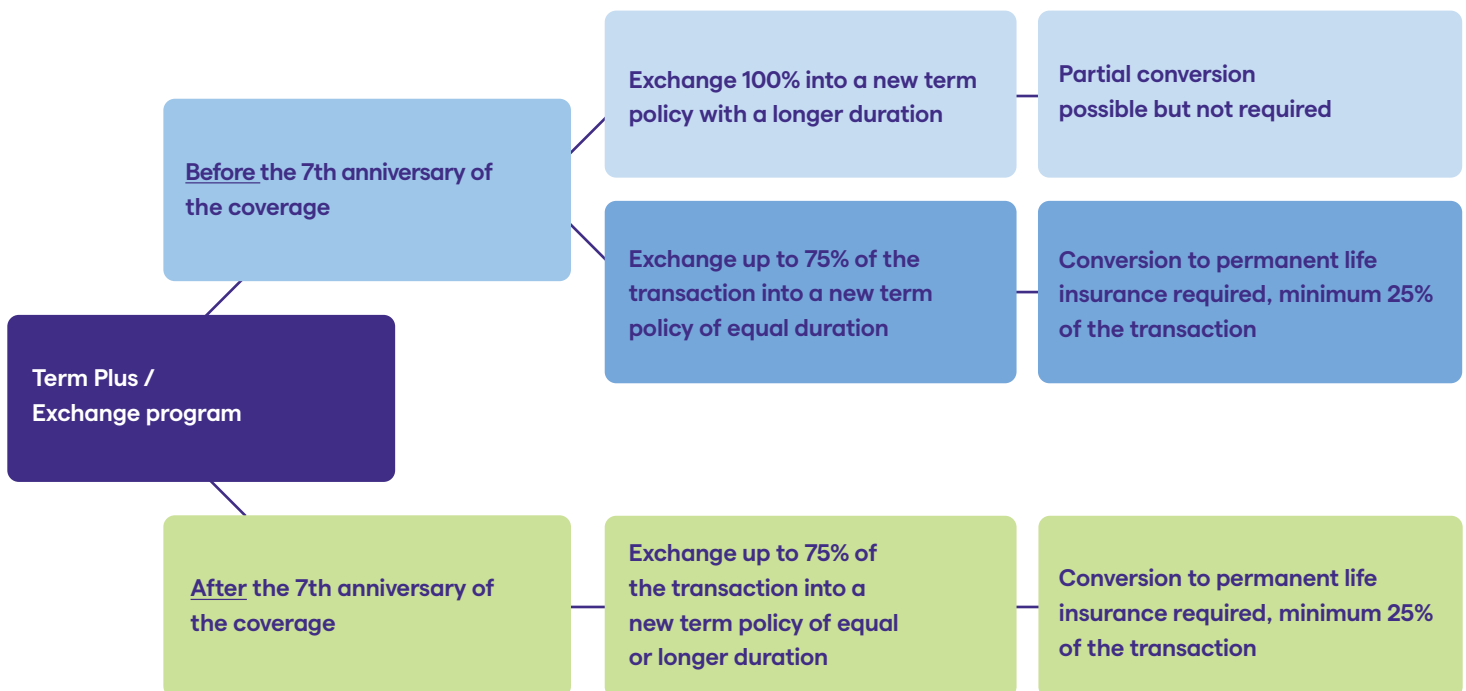
The benefit is paid when the insured has been in a state of extreme disability for 6 consecutive months from the start of the extreme disability.

Once this benefit is paid, no further benefit will be payable under the extreme disability benefit.

3.8 Exchange Program

Our exchange program includes two components: the **exchange privilege** and a **partial conversion with term carryover**.

- Before the 7th anniversary of the contract, the exchange is possible in terms longer than the initial term, without new evidence of insurability.
- At any time before the expiry date of the right of conversion, the exchange is possible in a term equal to or longer than the initial term with a partial conversion into a permanent product without new evidence of insurability.



Transaction insurance amount= exchanged amount + converted amount

At a glance

How to submit a request	- To request an exchange, complete the <i>Change to policy not requiring evidence of insurability form</i> (FIND0116A). - No new evidence of insurability is required.
Insurance amount	- The transaction insurance amount (exchanged amount plus converted amount) cannot exceed the insurance amount under the initial coverage. - The new insurance amount must respect the minimum amount required for new products. - Insurance amounts must comply with the percentages specified in the exchange conditions table.
Rates	- Rates are based on the insured's attained age at the time of the exchange, the new insurance amount and depending on the risk class of the initial coverage when available at the time of the exchange (all ratings or exclusions continue to apply with the new coverage). - Renewal rates will be those of the new Term Plus coverage. - Issue ages must fall within the minimum and maximum age limits of new products.
Additional benefits	- The following additional benefits, if issued with the initial coverage, can be retained with the new coverage without evidence of insurability: - Total disability rider (options with guarantee and without guarantee) - Critical Illness rider (\$20,000, the three most common illnesses) - Waiver of premiums in the event of total disability - Child Plus rider (life insurance for dependent children) - Children's Endorsement rider (dependent children's critical illness insurance) - Accidental Death & Dismemberment - Benefit in case of fracture
New coverage provisions	- Provisions of the incontestability and suicide clauses apply from the effective date of Term Plus initial coverage or the last date of reinstatement or a change to Term Plus coverage. They are not extended in the event of an exchange. - The new term coverage retains the right of conversion to permanent life insurance.
Exclusions and limitations	- In the case of total disability covered by a waiver of premium, the exchange option is not offered. - Exchanges are not allowed on the Term Plus product with decreasing amount of insurance. Available on individual, multi-life and joint 1st to die policy options. - Exchange for a coverage available at the time the request is made. - Term Plus riders under the Universal Life insurance product are excluded from the exchange program. - The new term coverage will no longer be eligible to the exchange program. - Conversion to UL YRT is not allowed as part of the exchange program.

The exchange program applies to in-force contracts

Please see the Guide Inforce Business–Advisor [Administrative Guide | BIND0257A](#) for detailed eligibility criteria.

Exchange program examples for T10 (also available on other terms)

Initial Term Plus coverage	Transaction amount	Possible options of the Exchange program	New coverages	Possible before the 7th anniversary of the coverage	Possible after the 7th anniversary of the coverage
1-T10-\$500,000	\$500,000	100% into a term policy	\$500,000 into T15-T20-T25-T30-T35 or T40	Yes	No
2-T10-\$500,000	\$300,000 \$200,000 remains into the initial T10	100% into a term policy	\$300,000 into T15-T20-T25-T30-T35 or T40	Yes	No
3-T10-\$500,000	\$500,000	80% into a term policy 20% into a permanent policy	\$400,000 into T15-T20-T25-T30-T35 or T40 \$100,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion* to permanent is not required but possible)	No
4-T10-\$500,000	\$500,000	75% into a term policy 25% into a permanent policy	\$375,000 into T10 \$125,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion to permanent is required)	Yes (conversion to permanent is required)
5-T10-\$500,000	\$500,000	75% into a term policy 25% into a permanent policy	\$375,000 into T15-T20-T25-T30-T35-T40 \$125,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion* to permanent is not required but possible)	Yes (conversion to permanent is required)
6-T10-\$500,000	\$300,000 \$200,000 remains into the initial T10	75% into a term policy 25% into a permanent policy	\$225,000 into T10 \$ 75,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion to permanent is required)	Yes (conversion to permanent is required)
7-T10-\$500,000	\$300,000 \$200,000 remains into the initial T10	75% into a term policy 25% into a permanent policy	\$225,000 into T15-T20-T25-T30-T35 or T40 \$75,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion* to permanent is not required but possible)	Yes (conversion to permanent is required)
8-T10-\$500,000	\$500,000	65% into a term policy 35% into a permanent policy	\$325,000 into T10 \$175,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion to permanent is required)	Yes (conversion to permanent is required)
9-T10-\$500,000	\$500,000	65% into a term policy 35% into a permanent policy	\$325,000 into T15-T20-T25-T30-T35 or T40 \$175,000 into WL, Whole Life 20, Term 100, Enhanced Term 100 or Universal Life Level T100	Yes (conversion* to permanent is not required but possible)	Yes (conversion to permanent is required)

Transaction amount = (converted amount + exchanged amount)

* Conversion into a Universal Life YRT (Yearly Renewable Term) is permitted as part of the conversion privilege described in the contract. Conversion to Universal Life YRT is not permitted under the exchange program.

This option is non-contractual. Please also refer to the document *Term Plus Life Insurance Exchange Program* (MIND0294A).

3.9 Conversion Privilege

The Term Plus coverage may be converted, without any evidence of insurability, to a permanent life insurance plan available at the time of conversion. The conversion request must be performed before the day of the 71st birthday of the insured.

The insurance amount under the new benefit must not exceed the insurance amount under the previous benefit, divided by the number of insureds covered under the previous benefit, multiplied by the number of insureds covered under the new benefit (minimum \$10,000).

The premiums of the new benefit will be calculated based on the age of the insured at the time of the conversion.

3.10 Policy Modifications – Individual Insurance

Multi-Life privilege

In the case of a Multi-Life policy, the policyowner may request to continue the benefit as a separate individual policy, without any new evidence of insurability.

In the event the benefit is cancelled by the policyowner, the insureds may request, within 60 days following the cancellation, to continue to be insured under a separate policy without having to provide evidence of insurability.

The insurance amount of the new benefit must not exceed the insurance amount in force of the previous benefit. The premium for each new benefit issued will be the same as if it were issued as a separate policy on the date the benefit became effective.

3.11 Policy Modifications – Joint Insurance

Insurability privilege upon first death

Upon the first death of one of the insureds, the surviving insured under the age of 65 may request, within a 90-day period, to have the Term Plus coverage replaced by a permanent life insurance benefit offered at the time of the request, without evidence of insurability.

The insurance amount of the new benefit must not exceed the insurance amount of the previous benefit, divided by the number of surviving insureds covered under the previous benefit, multiplied by the number of the insureds covered under the new benefit. The premium of the new benefit will be calculated in accordance with the age of the insured at the time this privilege is exercised.

Simultaneous deaths

A second death benefit will be paid if another insured covered under the Term Plus insurance benefit dies during the 90 days following the first death to have occurred, while being under the age of 65.

Insurability privilege in case of dissolution

An insured who is 65 years old or less may request, during the 18-month period following the dissolution of the union or association, to replace the joint benefit by another life insurance benefit offered at the time of the request. The replacement is processed without evidence of insurability. The insurance amount of the new benefit must not exceed the insurance amount of the previous benefit divided by the number of insureds covered under the previous benefit, multiplied by the number of insureds covered under the new benefit.

The premiums of the new benefit will be calculated in accordance with the age of the insured at the time this privilege is exercised.

3.12 End of Coverage

The Term Plus coverage terminates on the earliest of the following events:

- On the insured's 85th birthday or the eldest insured's 85th birthday in the case of a Joint First to Die
- On the cancellation date of the benefit or the policy
- On the date a new benefit comes into effect under a conversion
- In the case of joint insurance, the 30th day following the first exercise of the insurability privilege in case of dissolution
- Upon the insured's death.

4. Total Disability Rider

Credit protection in the event of total disability is offered as a rider. It is added to Term Plus life insurance coverage on an individual basis and it pays out a monthly indemnity when the insured becomes totally disabled.

The purpose of this benefit is to enable the insured to respect his/her financial obligations (e.g. loan payments). This rider is considered a credit protection benefit, not an income replacement benefit.

There are two options available:

- Disability rider with guarantee – Proof of loan upon purchase
- Disability rider without guarantee – Proof of loan upon claim

Once selected, the insured must keep this same option for all future total disability riders.

Disability rider with guarantee – Proof of loan upon purchase

This entitles the insured to a guaranteed indemnity amount of at most \$2,000 when proof of eligible loan/financial obligation and monthly payments is provided at the time of purchase.

At claiming:

- When the monthly indemnity indicated in the policy is \$2,000 or less: No additional proof of loan/financial obligation will be requested and the payable benefit will be the amount indicated in the policy.
- When the monthly indemnity indicated in the policy is more than \$2,000: Additional proof of loan/financial obligation and monthly payments at the time of claiming will be required to justify the full amount of the payable monthly indemnity, not just the amount in excess of the \$2,000.

In this case, the benefit payable is the higher of the following amounts:

- \$2,000
- The total of the eligible monthly payments without exceeding the monthly benefit amount indicated in the policy.

Disability rider without guarantee – Proof of loan upon claim

The benefit payable is based on the proof provided at claiming and the eligibility of the monthly payments.

At the time of claiming, the benefit payable corresponds to the lesser of the following amounts:

- The monthly indemnity indicated in the policy
- The total of the eligible monthly payments

Refer to sections 4.6 and 4.7 for eligible monthly payments.

4.1 Eligibility

To be eligible for the Total Disability Rider, the insured must:

- Take out Term Plus life insurance;
- Work 8 months or more a year; and
- Work at least 21 hours a week or a minimum of 92 hours per month.

The stay-at-home spouse or a spouse on parental leave is entitled to a maximum monthly indemnity of \$1,000 for a 2-year period only. The spouse on parental leave must have a regular insurable occupation in accordance with our criteria to be eligible for the maximum amount of \$1,000.

The insureds must be borrowers or co-borrowers of the loan/financial obligation covered by the Total Disability Rider.

Rated policies may still be eligible for the Total Disability Rider.

4.2 Issue Ages

The insured must be between 18 and 60 years old.

4.3 Definition of Total Disability

Total disability means a condition of continuous incapacity affecting an insured owing to sickness or accident, that began while this benefit was in force and which condition is such that:

- For the insured who has a gainful occupation at the time of the commencement of total disability, the insured is unable to perform the principal duties of his or her regular occupation during the first 24 months of the condition, and thereafter, while the condition subsequently continues, to engage in any occupation that he or she is reasonably fit to engage in based on his or her education, training or experience, whether acquired before or after the commencement of total disability.
- The insured who is, at the time of the commencement of total disability, jobless, unemployed, retired, a student, on parental leave or self-employed without income, is unable to engage in any occupation that he or she is reasonably fit to engage in based on his or her education, training or experience, whether acquired before or after the commencement of total disability.

4.4 Monthly Indemnity

The monthly indemnity is based on the insurance needs analysis. The minimum amount that can be requested is \$300, while the maximum amount will correspond to the lesser of:

- 1.5% of the total life insurance amount; or
- \$3,500 per insured for all disability riders combined.

For a Joint First to Die Term Plus insurance policy, the total amount of monthly indemnity for all insureds is limited to 1.5% of the total amount of joint Term Plus life insurance (maximum of \$3,500). The total disability riders are issued individually.

For a stay at home spouse or a spouse on parental leave, the maximum monthly indemnity corresponds to the lesser of:

- 1.5% of the total life insurance amount; or
- \$1,000 per insured.

The indemnity benefit period is 2 years.

When the disability rider without guarantee (proof of loan upon claim) is selected:

- When many insureds are simultaneously totally disabled, the sum of the monthly indemnities payable for all totally disabled insureds will be limited to the monthly payment required by the financial institution in Canada with regard to the eligible loan(s)/financial obligation(s) taken out jointly and exclusively by the insureds.

Importance of the needs analysis

By choosing the Term Plus Total Disability Rider for credit protection needs, your clients will receive a monthly benefit in case of a total disability to help maintain their financial commitments and relieve financial worries.

The monthly indemnity amount requested by the insured should be based on a needs analysis, considering the insured's personal and business needs as well as eligible loans/financial obligations and monthly payments.

In order to help you determine an appropriate amount of monthly indemnity with your clients, you will find a needs analysis worksheet, Needs Analysis – Term Plus Total Disability Rider (FIND0167A), available in the library of our Illustration Software.

It is important for advisors and insureds to periodically review the total disability coverage to make sure it still corresponds to the insured's needs.

4.5 Indemnity and Waiting Periods

The premiums for the Total Disability Rider are level and guaranteed, and payable for the entire duration of the coverage.

Three indemnity periods are offered: 2 years, 5 years or up to age 65.

For indemnity periods of 2 or 5 years, the maximum number of continuous payments made for one disability is 24 or 60 payments depending on the insured's choice of indemnity period. The maximum number of cumulative payments of the monthly indemnity, for all total disability periods of one insured for the duration of the benefit, cannot exceed:

- 60 months, if the 2 year period was chosen; or
- 84 months, if the 5 year period was chosen.

For indemnity periods up to age 65, the number of continuous payments made for one disability can continue up to age 65.

When the insured selects the disability rider with guarantee (proof of loan upon purchase) and the claimed amount is higher than \$2,000 or the disability rider without guarantee (proof of loan upon claim), the following limitations apply to the benefit period up to age 65:

- When the vehicle lease agreement is replaced with a new one during the total disability period, the benefit payments will continue. However, the maximum number of monthly indemnity payments made by the company cannot exceed 120.
- For mortgage lines of credit on which only the interest is repaid and personal lines of credit, the maximum number of monthly indemnity payments made by the company cannot exceed 120.

Waiting Period

For indemnity periods of 2 or 5 years:

- The waiting period is 90 days, retroactive to the 31st day. As such, 91 days after the start of disability, an amount corresponding to two monthly indemnity payments is paid. All subsequent benefit payments correspond to the monthly amount for the duration of the total disability period.
- The waiting period is 30 days when total disability results directly from an accident, following at least 72 hours of hospitalization or day surgery.

Indemnity periods up to age 65:

- The waiting period is 90 days.

Recurrent Total Disability

If the insured becomes disabled again as a result of the same cause or of a related cause in the 6 months following the end of the previous total disability, the disability will be considered a continuation of the prior disability and no new waiting period will be applicable.

Disability	Waiting Period	Maximum Indemnity Period	Maximum Cumulative Indemnity Period
Total disability is a result of the same cause or of a related cause within 6 months following the end of the prior disability.	None	Depending on the option, either:	Depending on the option, either:
Total disability is a result of a different cause in the 6 months following the end of the prior disability.	90 days*	• 24 payments for a 2-year period	• 60 payments for a 2-year period
		or	or
Total disability occurs more than 6 months following the end of the prior disability, and is due to the same cause.	90 days*	• 60 payments for a 5-year period	• 84 payments for a 5-year period
		or	or
Total disability occurs more than 6 months following the end of the prior disability, and is due to a different cause.	90 days*	• Up to age 65 without exceeding the maximum cumulative indemnity period.	• Up to age 65

The waiting period is 30 days when total disability results directly from an accident, following at least 72 hours of hospitalization or day surgery (applicable to indemnity periods of 2 and 5 years only).

4.6 Eligible Loans and Financial Obligations

The following loans, as long as they were taken with a financial institution in Canada or as long as the property they cover is located in Canada, are eligible under the total disability rider:

- Mortgage loan
- Mortgage line of credit
- Personal loan
- Personal line of credit
- Loan for the purchase or lease of an automobile, motorcycle, boat or recreational vehicle
- Student loan
- Loan for investment purposes (as long as the object of the loan does not generate rental income)
- Farm loan
- Commercial loan

The following Financial obligations, as long as the financial obligation owed by the insured is in Canada, are eligible under the total disability rider :

- School and municipal taxes (in addition to a home mortgage loan or home equity line of credit);
- Condominium fees (in addition to a home mortgage loan or home equity line of credit);
- Lease for housing or commercial premises;
- Spousal support, spousal and child(ren) support or child(ren) support;

The name of the insured as holder of the loan, the financial obligation or line of credit, the monthly amount required and the remaining balance of the loan, the financial obligation or line of credit must be indicated in the document issued by the financial institution.

When the disability rider without guarantee (proof of loan upon purchase) is selected with an indemnity period up to age 65:

At the time of purchase, only residential mortgage loans or lines of credit are eligible.

At the time of claiming, if proof of loan/financial obligation is required, all types of loans and financial obligations are eligible.

Lease for housing or commercial premises and spousal support, spousal and child(ren) support or child(ren) support

Eligible for the Total Disability Rider for the indemnity period of 2 years only.

Loan for an apartment building with rental units

A loan for an apartment building with rental units is considered eligible if:

- The insured person owns and occupies the building; and
- The building has no more than 6 units, including that of the insured.

Loan for a building housing a business

A loan for a building housing a business is considered eligible if:

- The insured owns the business;
- The business occupies at least 50% of the building's habitable area; and
- The business income is earned from the profession carried out there.

Lease for commercial premises

This lease is considered eligible if :

- the lease contains the name of the insured or his/her business, is for a building occupied by the business of the insured and the insured's income derives from the occupation carried out at that location.

The following loans/financial obligations are not considered eligible:

- Loans/financial obligations between individuals and credit card balances
- Any loan or financial obligation already covered under another disability insurance policy

4.7 Eligible Monthly Payments

Depending on the loan/financial obligation, the eligible monthly payments are defined as follows:

Loan/financial obligation	Eligible Monthly Payments
Mortgage loan, personal loan, student loan, loan or lease of a car, motorcycle, boat or recreational vehicle	Amount of monthly payment required by the financial institution in Canada.
Mortgage or personal line of credit* with reimbursement of interest only	Minimum interest rate applied by a financial institution in Canada plus 0.5% of the balance
Mortgage or personal line of credit * with reimbursement of principal + interest	The lesser between: • 1.5% of the line of credit balance; or • The amount due to the financial institution in Canada.
Loan for investment purpose	Amount that corresponds to the monthly payment made to a financial institution in Canada, excluding margin calls, if applicable.
Commercial loan	Amount of the monthly payment made to a financial institution in Canada proportional to the insured's ownership of the company.
School and municipal taxes	The <i>eligible monthly payment amount</i> for school and municipal taxes, calculated in addition to the amount of the <i>eligible monthly payment</i> on a home mortgage loan and a home equity line of credit.
Condominium fees	The amount of the regular monthly payments, excluding any extraordinary assessments, due and payable by any condominium corporation, calculated in addition to the amount of the <i>eligible monthly payment</i> on a home mortgage loan and a home equity line of credit
Lease for housing or commercial premises	The amount of the regular monthly payments due and payable by any owner of a rental property. In case of a lease for a commercial premises, the eligible monthly payment corresponds to the amount of the monthly payment required by the owner in proportion to the insured's share in the business.
Spousal support, spousal and child(ren) support or child(ren) support	The amount of regular monthly support payments for the spouse, spouse with child(ren) or child(ren) only (if the youngest child is 18 years of age or younger) if the support was subject to a judgment.

* For a line of credit, the determined amount of eligible monthly payment remains level for the duration of the chosen indemnity period.

4.8 Benefit Payable

4.8.1 Disability rider with guarantee – Proof of loan upon purchase:

- When the sum of all the monthly indemnities held by the insured with the company is **\$2,000 \$ or less**:
 - The payable total disability benefit corresponds to the monthly indemnity indicated in the policy.
No proof of loan/financial obligation is required at the time of claiming.
- When the sum of all the monthly indemnities held by the insured with the company is **higher than \$2,000**:
 - When the total amount of the eligible loan/financial obligation and monthly payments at the start of the total disability period is equal to or more than the sum of all the payable monthly indemnities held by the insured with the company:
The payable total disability benefit corresponds to the monthly indemnity indicated in the policy.
 - When the total amount of the eligible loan/financial obligation and monthly payments at the start of the total disability period is less than the sum of all the payable monthly indemnities held by the insured with the company, the payable total disability benefit corresponds to the higher of the following amounts:
 - \$2,000
 - The total of the eligible monthly payments

Proof of eligible loan/financial obligation and monthly payments is required at the time of claiming. The proof of eligible loan/financial obligation and monthly payments will be required to justify the full amount of the payable monthly indemnity, not just the amount in excess of the \$2,000.

There will be no prorated premium adjustment and the company will keep all collected premiums.

The benefit payable upon total disability will not be reduced from any other benefits received under any other private or public health insurance plan. However, any loan /financial obligation already covered under another disability insurance policy will not be considered eligible.

Example of benefits payable upon claim:

- 1) When the total amount of the eligible monthly indemnities held by the insured with the company is equal to or less than \$2,000, the benefit payable corresponds to the monthly indemnity indicated in the policy.

	Eligible Monthly Payment at Purchase	Eligible Monthly Payment at Claim*	
Eligible loans and financial obligations	Proof of loan and financial obligation at the time of purchase	Proof of loan and financial obligation at the time of claiming	Monthly Indemnity in the Policy
Example 1			
Mortgage loan	\$800	\$800	\$1,050
Vehicle lease	\$250	\$0	
Total	\$1,050	\$800	
Benefit payable		\$1,050	
Example 2			
Mortgage loan	\$2,000	\$0	\$2,000
Vehicle lease	\$0	\$0	
Total	\$2,000	\$0	
Benefit payable		\$2,000	

* Proof of eligible loan/financial obligation and monthly payments is not required upon claiming since the amount is less than or equal to \$2,000. This column is for information only to illustrate the monthly loan/financial obligation amounts that an insured could have at the time of claiming.

- 2) When the sum of all the monthly indemnities held by the insured with the company is higher than \$2,000.

When the total amount of the eligible loan and monthly payments at the start of the total disability period is equal to or higher than the sum of all the payable monthly indemnities held by the insured with the company, the benefit payable corresponds the monthly indemnity indicated in the policy:

Eligible loans and financial obligations	Eligible Monthly Payment at Purchase	Eligible Monthly Payment at Claim	Monthly Indemnity in the Policy
	Proof of loan and financial obligation at the time of purchase	Proof of loan and financial obligation at the time of claiming	
Mortgage loan	\$2,000	\$2,500	\$2,800
Vehicle lease	\$800	\$900	
Total	\$2,800	\$3,400	
Benefit payable		\$2,800	

When the total amount of the eligible loan/financial obligation and monthly payments at the start of the total disability period is less than the sum of all the payable monthly indemnities held by the insured with the company, the benefit payable corresponds to the higher of the following amounts:

- \$2,000; or
- The total of the eligible monthly payments

Eligible loans and financial obligations	Eligible Monthly Payment at Purchase	Eligible Monthly Payment at Claim	Monthly Indemnity in the Policy
	Proof of loan and financial obligation at the time of purchase	Proof of loan and financial obligation at the time of claiming	
Example 1			
Mortgage loan	\$2,000	\$1,500	\$2,800
Vehicle lease	\$800	\$0	
Total	\$2,800	\$1,500	
Benefit payable		\$2,000	
Example 2			
Mortgage loan	\$2,000	\$2,300	\$2,800
Vehicle lease	\$800	\$0	
Total	\$2,800	\$2,300	
Benefit payable		\$2,300	

4.8.2 Disability rider without guarantee – Proof of loan upon claim

The payable benefit upon total disability corresponds to the lesser of:

- The total of the eligible monthly payments of the eligible loans/financial obligations at the start of the total disability; or
- The monthly indemnity amount indicated in the policy.

The benefit payable upon total disability will not be integrated with any other benefits received under any other private or public health insurance plan.

However, any loan/financial obligation already covered under another disability insurance policy will not be considered eligible.

Examples of benefits payable at the time of a claim:

- 1) When the total of the eligible monthly payments is equal to or higher than the monthly indemnity in the policy, the benefit payable corresponds to the monthly indemnity in the policy.

Eligible loans and financial obligations	Eligible Monthly Payments	Monthly Indemnity in the Policy
Mortgage loan	\$800	\$1,000
Vehicle lease	\$250	
Total	\$1,050	
Benefit payable		\$1,000

- 2) When the total of the eligible monthly payments is equal to or less than the monthly indemnity in the policy, the payable benefit corresponds to the sum of the eligible monthly payments.

Eligible loans and financial obligations	Eligible monthly payments	Monthly indemnity in the policy
Mortgage loan	\$800	\$1,500
Vehicle lease	\$250	
Total	\$1,050	
Benefit payable		\$1,050

No retroactive reimbursements or premium adjustments will be made. To avoid overinsurance, it is important for advisors and insureds to periodically review the disability coverage in order to make sure it corresponds to the insured's current needs.

In the event that the insured has no eligible loans or financial obligations and there is no benefit payable upon total disability, a reimbursement of premiums paid for this rider, since the time the eligible loan or financial obligation was paid off, will be considered for a period that will not exceed 18 months preceding the start date of total disability.

4.9 Insurability Benefit

This benefit is included in the total disability rider. It offers the policyowner the option of increasing the monthly indemnity, without evidence of insurability,

under certain conditions:

- The option must be exercised at the same time as the Insurability Benefit included in the Term Plus life insurance coverage.
- The insured must be 55 years old or less upon receipt of the written request for an increase.
- The insured cannot be in a state of total disability.
- The option must be exercised within 60 days of acquiring a new loan/financial obligation or increasing an existing loan/financial obligation or upon any of the following life events (applies only to the disability rider without guarantee - proof of loan upon claim): The marriage of either of the insureds, adoption or birth of a child for either of the insureds, the obtainment, by either of the insureds, of a bachelor's degree, a master's degree or a doctorate.
- The option can be exercised more than once as long as the monthly indemnity does not exceed the lesser of:
 - 1.5% of the total Term Plus life insurance amount; or
 - \$3,500 per insured for all disability riders combined.

When a written request to increase the monthly indemnity is received, the premium calculation is based on the age of the insured at the time of receipt, according to the insured's class of risk when the coverage took effect, and by applying a benefit that is offered by the company as part of the process of exercising the insurability benefit.

When such requests are made by the policyowner, monthly indemnity increases will be made through additional coverage and with the same option selected at issue, whether the disability rider with guarantee (proof of loan upon purchase) or the disability rider without guarantee (proof of loan upon claim). When increases are made in the disability rider with guarantee (proof of loan upon purchase), proof of eligible loans/financial obligations and monthly payments corresponding to the monthly indemnities must be provided.

4.10 Assistance Benefit

The Assistance Benefit is included with the Total Disability Rider. Consultation, medical support and assistance services are available at a toll-free number, 24 hours a day, 7 days a week,* as soon as the contract is issued, to the insured person and his/her family (spouse and child(ren)).

- **Second medical opinion:** This service, based on an analysis of the medical reports, assesses the key elements of the diagnosis received and makes recommendations from a doctor specializing in the relevant field.
- **Medical referral:** this service provides with the names of up to three doctors who are best qualified to deal with the case.
- **Administrative services:** this service allows to receive administrative support, such as verification of billing, to ensure that bills are justified and free from any duplication, error or overbilling.
- **Hospital admission and accommodation assistance outside the province or country:** this service helps with the scheduling of medical appointments, hospital admissions, hotel reservations, transportation or interpreter services. It also checks that all discounts eligible through the Preferred Provider Organization (PPO) are received.
- **Psychological assistance:** this service provides professional psychological services, without limit.
- **Medical assistance:** this service, offered by registered nurses, provides answers to health, lifestyle and medical related questions.
- **Convalescence assistance:** this service provides health professional referrals to meet needs in case of convalescence.
- **Concierge services:** this service provides with answers to daily questions as well as referrals.

- **Legal assistance:** access to legal advice including legal assistance in the event of identity theft. This service, offered by lawyers, provides with legal information in all fields. The main fields are the following:
 - Civil and common law
 - Property law
 - Family and estate law
 - Consumer law
 - Criminal law

An Assistance Benefit brochure is available for your client (DIND0073A).

* Legal assistance is offered Monday through Friday from 9 a.m. to 8 p.m. and Saturday from 10 a.m. to 5 p.m (EST)

4.11 Limitations

- When the disability rider with guarantee (proof of loan upon purchase) for an amount higher than \$2,000 or the disability rider without guarantee (proof of loan upon claim) is selected, the payable monthly total disability benefit will correspond to the amount of eligible loans/financial obligations and monthly payments in effect at the start of the total disability period without exceeding the total of the monthly indemnity indicated in the policy.
- Any loan or financial obligation, other than the one for which this benefit was purchased, taken out less than 90 days before the start of total disability or the onset of the first symptoms leading to the total disability condition, or taken out while the insured is totally disabled, will not be considered an eligible loan or financial obligation and no benefit upon total disability will be payable for such loan or financial obligation. This limitation does not apply to the renewal of a mortgage loan with identical conditions or a loan for the residual value of a vehicle lease agreement.
- The lists of non-insurable occupations or occupations eligible for indemnity period of 2 years only applicable to Total Disability Rider are available in the appendix sections 10.2 and 10.3 of this document. These lists represent most of the occupations that are non-insurable or those that are eligible for an indemnity period of 2 years only. However, it is possible that an occupation not mentioned in the lists above will carry a high risk and will be subject to individual consideration.

For more information about the limitations of this benefit, please refer to the policy.

4.12 End of Coverage

The Total Disability Rider will terminate on the earliest of:

- The policy anniversary closest to insured's 65th birthday.
- The date when the Term Plus life insurance under which this benefit is covered is no longer in force.
- The date on which a written request for cancellation is received from the policyowner or the date indicated in the request, if later.
- The date on which the insured dies.
- The date on which the Total Disability Rider is cancelled and becomes void.
- The date on which the maximum number of monthly benefit payments in the event of total disability is reached.

4.13 Other Characteristics

- The Total Disability Rider is not convertible.
- Upon renewal of the Term Plus life insurance plan, the Total Disability Rider is automatically renewed with the same premium.

5. Critical Illness Rider

Critical illness coverage is provided in the form of a rider. It is added to Term Plus life insurance coverage on an individual basis. This benefit covers the three most common critical illnesses and is designed to complement the insured's Term Plus life insurance coverage. Its purpose is to financially support the insured in the event of critical illness through a lump-sum tax-free benefit of \$20,000, following a survival period of 30 days after diagnosis.

5.1 Issue Ages

The insured must be between 18 and 60 years old.

5.2 Benefit Amount

A lump-sum tax-free benefit of \$20,000.

5.3 Covered Illnesses

- Cancer
- Severe heart attack
- Stroke

For the contractual definitions of these illnesses, refer to section 11.4.

5.4 Other Characteristics

- Premiums are level and guaranteed.
- If the insured qualifies for Term Plus life insurance (approved at a standard rate and without any exclusions) then he or she also automatically qualifies for the Critical Illness Rider.
- The Critical Illness Rider is only available when the initial Term Plus life insurance request is submitted or when a request to increase the insurance amount for which evidence of insurability is required is submitted.
- The Critical Illness Rider can be transferred if the Term Plus life insurance coverage is converted to a permanent life insurance product. The rates applicable at time of issue of the rider will continue to apply.
- Upon renewal of the Term Plus life insurance, the Critical Illness Rider is also automatically renewed with the same premium.

5.5 Benefit Payable Following Diagnosis

The insured must survive 30 days following the diagnosis of a covered critical illness to receive the benefit. The benefit is payable to the beneficiary(ies).

5.6 Assistance Benefit

The Assistance Benefit is included with the Critical Illness Rider. Consultation, medical support and assistance services are available at a toll-free number, 24 hours a day, 7 days a week,* as soon as the contract is issued, to the insured person and his/her family (spouse and child(ren)).

- **Second medical opinion:** This service, based on an analysis of the medical reports, assesses the key elements of the diagnosis received and makes recommendations from a doctor specializing in the relevant field.
- **Medical referral:** this service provides with the names of up to three doctors who are best qualified to deal with the case.
- **Administrative services:** this service allows to receive administrative support, such as verification of billing, to ensure that bills are justified and free from any duplication, error or overbilling.
- **Hospital admission and accommodation assistance outside the province or country:** this service helps with the scheduling of medical appointments, hospital admissions, hotel reservations, transportation or interpreter services. It also checks that all discounts eligible through the Preferred Provider Organization (PPO) are received.

- **Psychological assistance:** this service provides professional psychological services, without limit.
- **Medical assistance:** this service, offered by registered nurses, provides answers to health, lifestyle and medical related questions.
- **Convalescence assistance:** this service provides with health professional referrals to meet the needs in case of convalescence.
- **Concierge services:** this service provides with answers to daily questions as well as referrals.
- **Legal assistance:** access to legal advice including legal assistance in the event of identity theft. This service, offered by lawyers, provides with legal information in all fields. The main fields are the following:
 - Civil and common law
 - Property law
 - Family and estate law
 - Consumer law
 - Criminal law

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* Legal assistance is offered Monday through Friday from 9 a.m. to 8 p.m. and Saturday from 10 a.m. to 5 p.m (EST)

5.7 End of Coverage

The Critical Illness Rider ends on the first of the following events:

- The insured turns 85
- The date on which the Critical Illness Rider is cancelled.
- The date when the Term Plus life insurance under which this benefit is covered is no longer in force.
- The date the policyowner submits a benefit claim following the diagnosis of a covered critical illness.
- Upon the insured's death.

6. Waiver of Premium

Offered in the form of a rider, the waiver of premium in the event of total disability is designed to complement Term Plus life insurance coverage. It waives all policy premiums in the event that the insured or the policyowner becomes totally disabled.

6.1 Issue Ages

The insured must be between 18 and 55 years old.

6.2 Scope of Coverage

This benefit exempts the insured from having to pay premiums following a total disability period of 4 or 6 consecutive months and depending on the waiting period selected, premium payments may be waived until the end of the total disability period.

6.3 Other Characteristics

A choice of waiting period of 4 or 6 months.

Upon renewal of the Term Plus life insurance, the waiver of premium rider is also renewed. Since this premium is a multiple of the policy premium, it is recalculated according to the policy premium at renewal.

6.4 Definition of Total Disability Applicable to Waiver of Premium

Total disability means a condition of continuous incapacity affecting the insured owing to sickness or accident, that began while this benefit was in effect and that renders the insured:

- Unable to perform any of the duties of his or her principal occupation during the first 24 months of this condition; and
- Unable to engage, while the condition persists, in any occupation that he or she is reasonably fit to engage in based on his or her education, training or experience, whether acquired before or after the start of total disability.

6.5 End of Coverage

The waiver of premium benefit ends at the policy anniversary nearest to the 60th birthday of the policyowner or the insured.

The benefit will terminate, for an insured, on the earliest of the following dates:

- The date on which a written request for cancellation is received from the policyowner or the date indicated in the request, if later.
- The date on which the premium payment period for the insured benefit ends.
- The date this policy is cancelled and becomes void.

The benefit will terminate on the earliest of the following dates:

- The policy anniversary date nearest the insured's 60th birthday.
- The date on which a written request for cancellation is received from the policyowner or the date indicated in the request, if later.
- The date on which there is no remaining benefit.
- The date this policy is cancelled and becomes void.

7. Child Rider

The Child Rider provides life insurance coverage for the insured's dependent children from the age of 15 days old up to 25. This rider is designed to complement the insured's Term Plus life insurance coverage. The insured must be the policyowner in order to take out this rider.

7.1 Issue Ages

The rider is offered to policyowners between the ages of 18 to 55.

7.2 Insurance Amount

- Minimum amount: \$5,000
- The minimum may be increased up to a maximum of \$25,000 per child

7.3 Conversion Right

Conversion to permanent life insurance is available, without evidence of insurability, up to an amount equal to 5 times the coverage, up to a maximum of \$100,000.

Conversion must be requested by the policyowner before the earliest of:

- The date on which the dependent child turns 25.
- the day the dependent child gets married.
- The termination date of the benefit to which this rider was added.

7.4 Other Characteristics

Additional death benefit following prolonged hospitalization

When the cause of death of a child was preceded by over 30 days of hospitalization in the 12 months prior to his or her death, the death benefit is increased by \$75 per day of hospitalization (as of the first day) up to a maximum of 50% of the death benefit. This benefit is in addition to the basic amount.

Benefit in case of death of the parents

The rider includes a waiver of premium benefit following the death of the policyowner to which this rider is added.

Automatic coverage for newborns

This benefit automatically covers all of the policyowner's children born after this benefit takes effect as soon as they reach the age of 15 days or as of the date they leave the hospital, if later. No additional premium is required for this protection.

7.5 End of Coverage

The benefit will terminate for an insured on the earliest of:

- The policy anniversary date nearest the insured's 25th birthday.
- The date on which a written request to replace this benefit on the life of the insured with another policy is made.
- The date the insured gets married.

The benefit will terminate on the earliest of the following dates:

- The policy anniversary date nearest the date when all of the insureds covered under this benefit have reached the age of 25.
- The date on which a written request for cancellation is received from the policyowner or the date indicated in the request, if later.
- The date no insured remains under this benefit;
- The date this policy is cancelled and becomes void.

8. Children's Endorsement Benefit

The Children's Endorsement Benefit provides critical illness insurance coverage for all of the insured's children until they turn 21 (or 25 if still a full-time student). The policyholder must be the owner of the policy to take out this endorsement.

Minimum Amount of Insurance: \$5,000

Additional coverage may be added, up to a maximum of \$50,000 per child. The amount of insurance must be the same for each child under the same contract.

The Assistance Benefit is included with the Children's Endorsement Benefit.

8.1 Covered critical illnesses

The following 15 critical illnesses are covered:

- Autism Spectrum Disorder;
- Benign brain tumour;
- Blindness;
- Cancer;
- Cerebral Palsy;
- Cystic fibrosis;
- Deafness;
- Down syndrome;
- Kidney failure;
- Major organ failure on waiting list;
- Major organ transplant;
- Muscular dystrophy;
- Paralysis;
- Severe Congenital heart disease;
- Type 1 diabetes mellitus.

8.2 Benefit payable following a diagnosis of a critical illness

If the insured is diagnosed with a critical illness while this coverage is in effect and survives such a diagnosis by at least 30 days, the company agrees to pay the owner the Sum insured. Only one claim is payable for each child insured under the benefit.

8.3 Guarantee in the event of death of the parent owner

The Endorsement includes a waiver of premiums following the death of the policyholder to whom the Endorsement is added.

8.4 Automatic protection of newborns

This guarantee automatically covers all the owner's children born after the guarantee came into force.

No additional premium is required for this coverage.

8.5 Limitation

Any child born within 10 months of the Juvenile Endorsement will no longer be covered under this coverage if they are diagnosed with a critical illness within 30 days of birth.

8.6 Age of Membership

This rider is available if the insured is between the ages of 18 and 65.

8.7 Availability

This rider is offered to dependent children of the insured between the ages of 30 days and 17 years of age on the earliest birthday (depending on the date of issue of the policy).

8.8 End of protection

This coverage terminates for an insured on the earliest of the following dates:

- the benefit anniversary date closest to the insured's 21st birthday (or their 25th birthday if the insured is still a full-time student);
- the date the insured, born in the first ten (10) months of the benefit, receives a diagnosis of critical illness within 30 days of his birth;
- the date on which the insured of this benefit dies;
- the date on which a benefit following a diagnosis of a critical illness is paid to the insured.

This benefit will terminate on the earliest of the following dates:

- the benefit anniversary date closest to the date where all insureds under this benefit have reached age 21 or age 25 if one or all insureds are full-time students;
- the date the policyowner asks for a payment of the benefit for each insured following a diagnosis of critical illness;
- the date a written request from the policyowner is received for the cancellation of this benefit or the date indicated in the request, if later;
- the date no insured remains covered under this benefit;
- the termination date of the benefit to which the benefit is attached.

9. Accidental Death and Dismemberment

In case of dismemberment or accidental death, the following benefits are payable:

Loss	Percentage (%) of Coverage Amount
Of life	100%
Of both eyes, hands or feet	100%
Of one hand and one foot, one hand and one eye or one foot and one eye	100%
Of use of limbs (quadriplegia, hemiplegia or paraplegia)	100%
Of one hand, one foot or one eye	50%

When more than one loss is sustained by the insured as a result of an accident, the benefit payable will be for the highest amount only.

The benefits are doubled when the accident occurs in public transportation, on an escalator or in a public elevator, during a fire in a government building, a hurricane, a cyclone or when the insured is struck by lightning.

Definition

A limb may be an arm or a leg. The loss must occur within 180 days following the accident.

9.1 Issue Ages

The insured must be between 18 and 60 years old.

9.2 Insurance Amount

- Minimum: \$5,000
- Maximum: \$500,000, without exceeding the insurance amount of the coverage to which it was added.

9.3 End of Coverage

The benefit will terminate on the earliest of the following dates:

- The policy anniversary date nearest the insured's 65th birthday.
- The date on which a written request from the policyowner to cancel this benefit or the benefit under which it applies for is received or the date indicated in the request, if later.
- The date on which the benefit under which this benefit applies terminates.
- The date the insured under this benefit dies.
- The date this policy is cancelled and becomes void.

10. Benefit in Case of Fracture

In case of accidental fracture or break, the following benefits are payable:

Fracture	Indemnity
Skull, spine, pelvis (ilium bone) and femur	\$5,000
Breastbone, larynx, windpipe, shoulder blade, humerus, ulna, radius, kneecap, tibia and fibula	\$1,500
Other bone	\$750

The benefits are doubled when the accident occurs in public transportation, on an escalator or in a public elevator, during a fire in a government building, a hurricane, a cyclone or when the insured is struck by lightning.

Definition

Fracture means the violent rupture of a bone or a strong cartilage.

Severance means separation of the bone in at least two parts resulting in its complete and permanent loss.

The diagnosis of fracture or break must be made within 30 days of the accident for the benefit to be payable.

10.1 Issue Ages

The insured must be between 18 and 60 years old.

10.2 End of Coverage

The benefit will terminate on the earliest of the following dates:

- The policy anniversary date nearest the insured's 70th birthday;
- The date on which a written request from the policyowner to cancel this benefit or the benefit under which it applies for is received or the date indicated in the request, if later.
- The date on which the benefit under which this benefit applies terminates.
- The date on which this policy is cancelled.

11. Appendix

11.1 Decreasing Insurance Amount Table

Life Insurance Benefit with Decreasing Insurance Amount Option							
Decreasing Insurance Amount Table per \$1,000 of Insurance							
Benefit Anniversary	10 years	15 years	20 years	25 years	30 years	35 years	40 years
1	1,000	1,000	1,000	1,000	1,000	1,000	1,000
2	928	961	976	985	990	993	995
3	852	919	951	968	979	986	990
4	769	874	923	951	967	978	985
5	681	826	894	932	955	969	979
6	586	774	863	912	941	960	973
7	500	719	829	890	927	951	966
8	500	659	793	867	911	940	959
9	500	596	754	842	895	929	951
10	500	527	712	815	877	917	943
11	500	500	668	786	858	904	934
12	500	500	620	756	838	890	925
13	500	500	569	723	816	875	914
14	500	500	514	687	792	859	903
15	500	500	500	649	767	842	892
16	500	500	500	609	740	824	879
17	500	500	500	565	711	804	866
18	500	500	500	518	680	783	851
19	500	500	500	500	647	761	836
20	500	500	500	500	611	737	819
21	500	500	500	500	573	711	802
22	500	500	500	500	532	683	782
23	500	500	500	500	500	653	762
24	500	500	500	500	500	621	740
25	500	500	500	500	500	587	717
26	500	500	500	500	500	550	691
27	500	500	500	500	500	511	664
28	500	500	500	500	500	500	635
29	500	500	500	500	500	500	604
30	500	500	500	500	500	500	571
31	500	500	500	500	500	500	535
32	500	500	500	500	500	500	500
33	500	500	500	500	500	500	500
34	500	500	500	500	500	500	500
35 and over	500	500	500	500	500	500	500

11.2 Non-insurable Occupations (applicable to total disability rider)

Your client is not entitled to the Total Disability Rider when his/her occupation appears on the following list:

Aeronautics and Aviation	• Instructor, pilot, co-pilot, crew member
Artist	• Actor, artisan, author, writer, composer, screenwriter, comedian, stuntperson • Singer, dancer, disc jockey, musician (excluding symphony orchestra), dresser, make-up artist • Model, show or event organizer, speaker • Home music teacher
Maintenance	• Residential or commercial housekeeping (self-employed worker) • Sandblasting cleaner • Septic tank or sewer cleaner • On-site concierge/building supervisor
Forestry Operations	• Forest worker, including people residing in camps (all jobs)
Marine Industry	• Fisherman (who doesn't return to port every night) • Worker on ships (all jobs) • Offshore lighthouse keeper • Longshoreman
Newspapers	• Freelancer • Correspondent, newsstand clerk, street vendor • Paperboy/girl
Correctional Services/ Security Services	• Prison guard • Correctional officer • Armed security guard • Riot police/bomb squad • Bodyguard • Armed forces including reservists • Ranger, game and fish warden piloting an airplane • Firefighter piloting an airplane
Childcare Services	• Foster home (children, elderly or disabled persons), owner • Domestic worker/live-in caregiver
Personal Care	• Manicurist, hairdresser, beautician, electrologist, etc., working 50% of the time or more at home or the client's home • Tattoo artist/piercer working 50% of the time or more at home or the client's home • Licensed massage therapist, orthotherapist and physical therapist working 50% of the time or more at home or the client's home • Non-certified massage therapist
Sports/Leisure/ Entertainment	• Professional sports athlete/coach/referee • Coach/instructor working 50% of the time or more at home or the client's home • Autoracing: driver, mechanic • Rodeo professional • Horseracing: driver, trainer, stable boy, breeder, jockey, groomer • Circus/amusement ride operator • Arcade, amusement park worker (all jobs) • Bar, club, tavern worker (all jobs) • Dealers, casino worker (all jobs) • Campsite owner or employee • Professional gamer, poker player • Martial artist (other than manager or office worker)

Transportation	• Taxi/Uber driver • Limousine driver • Armoured vehicle driver • Transporter of logs, hazardous/explosive materials • Courier/mail delivery person (bicycle, motorcycle)
Miscellaneous	• Any worker handling dangerous or toxic material (gases, explosives, petroleum, radioactive substances, etc.) • Underground worker (conduit, tunnels) • Underwater worker (diver, diver assistant, instructor) • Offshore worker (all jobs) • Seamstress working 50% of the time or more at home • Animal trainer • Professional mover (truck driver, packer, handler)

11.3 List of occupations eligible for an indemnity period of 2 years only (applicable to total disability rider)

When your client's occupation appears on the following list, your client is entitled to an indemnity period of 2 years only:

Aeronautics and Aviation	• Air traffic controller • Radio operator • Radar controller
Maintenance	• Residential or commercial housekeeper (employee) • Concierge/building supervisor not residing on site • Garbage collector/incinerator of non-toxic materials
Forestry Operations	• Pruner/trimmer in urban areas • Horticulturist (all jobs)
Marine Industry	• Fisherman (who returns to the port every night)
Correctional Services	• Unarmed security guard
Security Services	• Police officer • Firefighter
Childcare Services	• Home-based childcare
Personal Care	• Manicurist, hairdresser, beautician, electrologist, etc., working 50% of the time at a salon, spa, clinic, etc. • Tattoo artist/piercer working 50% of the time at a parlour
Sports/Leisure	• Coach/Instructor working in a fitness centre more than 50% of the time
Entertainment	
Transportation	• Paratransit/medical driver only • Truck driver - long distance (over 250 km/day)
Miscellaneous	• Slaughterhouse workers other than managers/supervisors • Fish processing plant worker (all jobs) • Farm worker (all jobs) • Workers at heights (steel structures, bell towers, antennas, chimneys, dams, bridges, wells, pylons), liners, chimney sweeps, window cleaner over two floors up • Open pit mine, quarry worker (all except dynamiters, firebrands) • Heavy machinery operator, building mover, demolisher, excavator, roofer, unskilled worker • Collection agency worker • Animal handler • Seamstress working outside the house more than 50% of the time

When the occupation of your client is not found in either list, the Total Disability Rider can be selected and all indemnity periods are available. These lists represent most of the occupations that are non-insurable or those that are eligible for an indemnity period of 2 years only. However, it is possible that an occupation not mentioned in these lists will carry a high risk and will be subject to individual consideration.

At purchase, the spouse is stay-at-home or on parental leave:

Eligible for the Total Disability Rider for the indemnity period of 2 years only and monthly indemnity of up to \$1,000.

Note that a spouse on parental leave must have a regular occupation that is insurable according to our criteria to be eligible for the maximum amount of \$1,000.

11.4 Contractual definitions of covered critical illnesses

Stroke (resulting in severe neurological deficits)

Defined as death of brain tissue, due to an inadequate blood supply or hemorrhage, with:

- Acute onset of new neurological symptoms, and
- New objective neurological deficits on clinical examination

The new symptoms and deficits must be corroborated by diagnostic imaging. The neurological deficits must persist continuously for more than 30 days following the date of diagnosis.

The neurological deficits must be detectable and measurable by a Specialist. Examples of neurological deficits are measurable weakness in a limb, impaired speech and measurable changes in cognition. Headache or fatigue will not be considered a neurological deficit.

The diagnosis of Stroke must be made by a Specialist.

EXCLUSIONS SPECIFIC TO STROKE

No benefit will be payable under this condition for:

- Transient Ischaemic Attacks;
- Trauma causing damage to intracerebral blood vessels;
- Disorders of the blood vessels of the inner ear; or
- Death of the optic nerve or retina unless there is total loss of vision of that eye.

Cancer

A definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells with invasion of tissue, confirmed by histopathological report.

EXCLUSIONS SPECIFIC TO CANCER

While most cancers are covered by this policy, the following early-stage cancers are not covered:

- Malignant melanoma of skin that is less than or equal to 1.0mm in thickness that is not ulcerated nor has spread to lymph nodes or other organs;
- Skin cancer, other than malignant melanoma, which is confined to the skin (epidermis, dermis). This includes lymphoma which is confined to the skin;
- Prostate cancer unless described as AJCC T2 or higher and/or Gleason grade 7 or higher;
- Thyroid cancer, unless described as AJCC T2 or higher, or has spread to lymph nodes or other organs;
- Chronic lymphocytic leukemia classified as Rai stage 0;
- Gastro-intestinal stromal tumours classified as AJCC Stage 1;
- Neuroendocrine tumours classified as AJCC Stage 1;
- Cancers described as carcinoma in situ, Tis or Ta;
- Any pituitary neuroendocrine tumour (PitNET) unless the insured has undergone surgery, radiation treatment or embolization, or the PitNET has caused new, irreversible, objective neurological deficits on clinical examination. The new neurological deficits must be detectable and measurable by a specialist and must be corroborated by diagnostic imaging. Headache, fatigue or the presence of hormonal imbalances caused by the tumour will not be considered a neurological deficit.

Tumours (neoplasms) that are classified as uncertain malignant potential, borderline, or that are not classified as cancer (malignant) are not covered under this covered condition. Classification is based on the most current WHO Classification of Tumours series, also known as the ICD-O (International Classification of Diseases for Oncology), published by the International Agency of Research on Cancer (IARC).

Staging or classification refers to the most current (as of date of diagnosis) American Joint Committee on Cancer, AJCC Prognostic Staging Guide or Rai Staging System.

The information must be reported to the company within six months of the date of diagnosis. If this information is not provided, the company has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

Severe Heart Attack (acute myocardial infarction)

A definite diagnosis of death of heart muscle due to obstruction of blood flow, that results in:

Heart attack symptoms, accompanied by a rise and fall of cardiac biomarkers to levels considered diagnostic of acute myocardial infarction, with at least one of the following:

- New electrocardiographic (ECG) changes consistent with an acute myocardial infarction;
- New diagnostic imaging changes consistent with an acute myocardial infarction;
- Development of new pathological Q waves on ECG after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and/or angioplasty.

EXCLUSIONS

No benefit will be payable under this condition if:

- ECG changes are suggestive of a prior myocardial infarction;
- Other acute coronary syndromes, including angina pectoris and unstable angina are diagnosed;
- Elevated cardiac biomarkers and/or symptoms result from medical procedures or diagnoses other than acute myocardial infarction.

The diagnosis of severe heart attack (acute myocardial infarction) must be made by a Specialist.



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