



GROUP CREDIT INSURANCE

SCHEDULE OF INSURANCE

CERTIFICATE NUMBER:	MONTHLY PREMIUM RATE: Per \$100 of your Outstanding Balance on your Billing Date: \$0.99 (plus applicable taxes)
GROUP POLICY NUMBER: GC642	
EFFECTIVE DATE:	INSURER: Canadian Premier Life Insurance Company, operating under the brand name Securian Canada (Hereinafter called "us" or "our")
INSURED: (Hereinafter called "you" or "your")	CREDITOR/POLICYHOLDER: Rogers Bank
DATE OF BIRTH:	
ADDRESS:	

CERTIFICATE OF INSURANCE

Canadian Premier Life Insurance Company (Securian Canada)

Head Office: 25 Sheppard Avenue West, Suite 1400, Toronto, Ontario M2N 6S6

Administration Office: PO Box 914, Station A, Toronto, Ontario M5W 1G5
securiancanada.ca

The Creditor shall furnish to you each month a statement of: (1) the amount of the insurance premium; (2) the amount of the insured indebtedness to which the Monthly Premium Rate was applied; and (3) the date such Monthly Premium Rate was applied. The insurance premium shall be payable to us monthly. It is agreed that you hereby authorize the Creditor to charge your Credit Card each month in order to pay the said insurance premium.

The insurance coverage provided in this Certificate is voluntary. If you do not want this coverage and wish to cancel the Certificate send it back to us or call 1-866-249-0515. If you do so within thirty (30) days from the Effective Date, the Creditor will credit your Credit Card for any insurance premium charged to you for this coverage, provided no claims have been incurred.

NOTICE: This Certificate constitutes evidence of any and all insurance coverage provided under the Group Policy during the continuance of your Rogers Bank Account, and replaces and cancels any Certificate previously issued by us under any Group Policy issued to the Creditor. Coverage will continue as long as the above numbered Group Policy remains in force and the required insurance premium is paid.

The insurance provided covers the Creditor's interest and yours, up to a maximum of twenty thousand dollars (\$20,000) for your Credit Card.

This is to certify that you, when indebted to the Creditor under your Credit Card agreement, are insured under the provisions of the Group Policy with certain benefits, subject to all its terms, conditions, limitations, and exclusions.

ELIGIBILITY: This insurance coverage is limited to individuals who are indebted to the Creditor under a Credit Card and who request the insurance and agree to pay the insurance premium of such insurance to the Creditor.

INSURING AGREEMENT: As long as the above indicated Group Policy remains in force and you continue to pay the required insurance premium, if any, you have coverage thereunder for the amount of the then outstanding insured indebtedness to the Creditor or twenty thousand dollars (\$20,000) per insured account, whichever is less.

REFUNDS: If you cancel your insurance within the thirty (30) day review period, the Creditor shall promptly refund to you or credit to your Credit Card any insurance premium paid by you to the Creditor, provided no claims have been incurred. If your insurance is terminated for any reason at any other time, no refund will be paid to you.

DEFINITIONS

ACCIDENTAL DEATH means death as a result of external, violent and purely accidental means, sustained directly and independently of all other causes. The accident causing such death must occur after the Effective Date, and while this Certificate is in force. The death must occur within one hundred (100) days following the date of the accident.

BILLING DATE means the date you are billed for all charges and fees made during the billing cycle on your Credit Card.

CANCER (Life-Threatening) means a definite Diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

CREDIT CARD means your eligible Rogers Bank credit card referenced in your welcome letter that accompanies the original Certificate. It also means any new or replacement as described under the heading "Lost, Stolen, Replaced or Transferred Credit Cards".

CREDITOR means Rogers Bank.

CRITICAL ILLNESS means one of the following:

- (1) Cancer;
- (2) Heart Attack; or
- (3) Stroke.

DIAGNOSIS means the time when a Specialist establishes, using tests or other diagnostic methods, that you have a specific Critical Illness.

DISABILITY/DISABLED means the condition of being prevented from performing the regular duties of your employment or self-employment and engaging in any other employment or occupation for which you are reasonably suited by education, training or experience for compensation or profit. Pregnancy is considered a Disability only if it is defined as high-risk by your Physician.

EFFECTIVE DATE means the date on which the insurance coverage begins, as shown on the Schedule of Insurance.

EMPLOYED or EMPLOYMENT means the state of performing work duties—meaning active engagement in assigned work responsibilities, during scheduled working hours, with physical or virtual presence in a work capacity, and the purposeful execution of assigned work responsibilities—on a full-time basis for a minimum of thirty (30) hours per week or a part time basis for a minimum of twenty (20) hours per week in Canada.

GROUP POLICY means the creditor's group insurance policy number GC642 providing the insurance coverage evidenced by this Certificate, issued by the Insurer to the Policyholder.

HEART ATTACK means a definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a 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; or
- (3) development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

HOSPITAL means an institution which:

- (1) is operated pursuant to law;
- (2) is primarily engaged in providing or operating either on its premises or in facilities available to the hospital on a prearranged basis and under supervision of a staff of one (1) or more Physician, medical, diagnostic, and major surgery facilities for medical care and treatment of sick and injured persons on an inpatient basis; and

(3) provides twenty-four (24) hour nursing service by or under the supervision of registered nurses.

Hospital does not include an institution or that part of an institution operated primarily as:

- (1) convalescent home, convalescent, rest or nursing facility;
- (2) facility primarily affording custodial or educational care; or
- (3) facility for the aged, drug addicts or alcoholics.

HOSPITALIZATION/HOSPITALIZED means that you are admitted to a Hospital as a result of an accidental bodily injury or sickness, and remain in a Hospital for a minimum of three (3) consecutive days.

ILLNESS means a sickness or disease of the body.

IMMEDIATE FAMILY means you, your Spouse, or the parent, child, brother, or sister of you or your Spouse.

INJURY means any bodily injury you suffer caused by an accident.

INSURED means the person insured under the Group Policy, as shown on the Schedule of Insurance.

INSURER means Canadian Premier Life Insurance Company, Securian Canada, insurer, we, us or our.

INVOLUNTARY LOSS OF SELF-EMPLOYMENT means you have lost your Self-Employment involuntarily due to a closure of your business for causes not within your control, resulting in a bankruptcy of your business.

INVOLUNTARY UNEMPLOYMENT means you have lost your Employment involuntarily.

MONTHLY PREMIUM RATE means the rate charged per \$100 of your outstanding Credit Card balance, as shown on the Schedule of Insurance.

OUTSTANDING BALANCE means the amount you owe on your Credit Card as of the last Billing Date prior to the date of death, Involuntary Unemployment, Involuntary Loss of Self-Employment, Disability, Critical Illness or Hospitalization.

PHYSICIAN means a medical doctor who is duly licensed and legally qualified in the jurisdiction in which he/she is practicing to diagnose and treat sickness and injuries. Such person must be providing services within the scope of his or her licence. The Physician cannot be you or a member of your Immediate Family.

POLICYHOLDER means Rogers Bank.

PRE-EXISTING CONDITION means any condition for which you received medical advice, consultation or treatment, or would have caused a reasonably prudent person to seek medical advice, consultation or treatment, within six (6) months preceding the Effective Date and which caused the Disability, Critical Illness or Hospitalization, within six (6) months following the Effective Date.

SELF-EMPLOYMENT/SELF-EMPLOYED means the state of performing work duties—meaning active engagement in assigned work responsibilities, during scheduled working hours, with physical or virtual presence in a work capacity, and the purposeful execution of assigned work responsibilities for a minimum of twenty (20) hours per week in Canada in a business registered with the Canada Revenue Agency in which you are at least a fifty percent owner for a minimum of three (3) consecutive months immediately before the date of your Involuntary Loss of Self-Employment.

SPECIALIST means a Physician in the jurisdiction in which he/she is practicing and who has been trained in the specific area of medicine relevant to the covered Critical Illness condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by us, a condition may be Diagnosed by a qualified Physician practicing in Canada. Specialist includes, but is not limited to, cardiologist, neurologist and oncologist. You cannot be the Specialist nor can the Specialist be a member of your Immediate Family.

SPOUSE means a person who is legally married to you; or who cohabits with you and has been publicly represented as your spouse for a period of at least twelve (12) consecutive months.

STROKE (Cerebrovascular Accident) means a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- (1) acute onset of new neurological symptoms; and

- (2) new objective neurological deficits on clinical examination, persisting for more than thirty (30) days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

TOTALLY DISABLED means the condition arising while insured and resulting from Illness or Injury for which you are under the care of a Physician and which prevents you from performing the regular duties of your employment or self-employment and engaging in any other employment or occupation for which you are reasonably suited by education, training or experience for compensation or profit.

WE, OUR, US, or the COMPANY means Canadian Premier Life Insurance Company, which operates under the brand name Securian Canada.

WHEN COVERAGE BEGINS

Your insurance begins on the Effective Date, as indicated in the above Schedule of Insurance.

WHEN COVERAGE ENDS

Your insurance ends on the earliest of:

- the date you are more than ninety (90) days in arrears in making any required payments, including the insurance premium, to the Creditor;
- the next Billing Date after we receive written or verbal notification from you to cancel your insurance;
- the date that your Credit Card privileges are revoked by the Creditor;
- the date the Creditor closes, terminates or suspends your Credit Card, except as described under the heading "Lost, Stolen, Replaced or Transferred Credit Cards";
- the date of your death; or
- the date the Group Policy is terminated.

Your insurance for Life ends on the next Billing Date after your eightieth (80th) birthday.

Your insurance for Involuntary Unemployment, Involuntary Loss of Self-Employment, Disability, Critical Illness, and Hospitalization ends on the next Billing Date after your seventieth (70th) birthday.

NO OVERLAPPING BENEFITS

If two or more benefit amounts are payable during any one billing cycle period of the Credit Card:

- only one benefit amount will be paid, up to a maximum of twenty thousand dollars (\$20,000); and
- the largest of any benefit amounts payable will be paid.

For example, if you suffer a Critical Illness and a Hospitalization in the same billing cycle, we will pay only the Critical Illness benefit amount for that billing cycle.

LOST, STOLEN, REPLACED OR TRANSFERRED CREDIT CARDS

If your Credit Card is lost or stolen, and replaced, or you replace or transfer your Credit Card to a new eligible Credit Card, this insurance will automatically be transferred to your replacement or new Credit Card.

LIFE INSURANCE BENEFIT

We will pay the benefit amount to the Creditor upon due proof of your death after the Effective Date. The Life Insurance benefit is the Outstanding Balance on the last billing cycle date prior to the date of death, up to a maximum of twenty thousand dollars (\$20,000). If the Life Insurance claim is approved, we will pay the benefit to the Creditor to be applied to the Credit Card.

Charges to the Credit Card after the last Billing Date prior to the date of death are not covered.

Your estate is responsible for payments on the Credit Card until the claim is approved. Thereafter, your estate remains responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

EXCLUSIONS AND LIMITATIONS

A Life Insurance benefit will not be paid on your death if:

- you commit suicide, whether or not you are aware of the consequences of your actions, regardless of your state of mind, within six (6) months of the Effective Date;
- you were aged eighty (80) or greater on the last Billing Date prior to the date of your death;
- you were not eligible for coverage under the Group Policy when you applied;
- the insurance is not in force on the date of death; or
- an Accidental Death Benefit is paid under the Group Policy.

ACCIDENTAL DEATH INSURANCE BENEFIT

We will pay the benefit amount to the Creditor upon due proof of your Accidental Death after the Effective Date. The Accidental Death Insurance benefit is the Outstanding Balance on the last billing cycle date prior to the date of Accidental Death, up to a maximum of twenty thousand dollars (\$20,000). If the Accidental Death Insurance claim is approved, we will pay the benefit to the Creditor to be applied to the Credit Card.

Charges to the Credit Card after the last Billing Date prior to the date of Accidental Death are not covered.

Your estate is responsible for payments on the Credit Card until the claim is approved. Thereafter, your estate remains responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

EXCLUSIONS AND LIMITATIONS

An Accidental Death Insurance benefit will not be paid on your death if:

- you are under the age eighty (80) on the last Billing Date prior to the date of your Accidental Death;
- you were not eligible for coverage under the Group Policy when you applied;
- the insurance is not in force on the date of death; or
- a Life Insurance benefit is paid under the Group Policy.

No benefit will be paid for any Accidental Death that is caused by, results from or contributed to by:

- an intentionally self-inflicted injury, suicide, or any suicide attempt, whether or not you are aware of the consequences of your actions, regardless of your state of mind;
- any active participation in a riot, insurrection or war, whether declared or undeclared;
- your taking or using any narcotic, barbiturate or other drug or medication, unless taken or used as prescribed by a Physician;
- your blood alcohol level being eighty (80) mg of alcohol per one hundred (100) ml of blood or higher;
- your operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
- your committing or attempting to commit a criminal offence or assault or being engaged in an illegal activity;
- sickness, bodily or mental infirmity or their medical or surgical treatment including diagnosis (except bacterial infections which result from an injury) or any mental disease or disorder;
- voluntary inhalation of gas, or voluntarily taking, administering or inhaling poison;
- consuming alcohol in combination with any drug, medication or sedative;
- West Nile virus, however contracted; or
- military or combat activities while serving in the armed forces of any country or international authority.

INVOLUNTARY UNEMPLOYMENT INSURANCE BENEFIT

For each occurrence of Involuntary Unemployment, the monthly Involuntary Unemployment Insurance benefit is equal to the greater of ten dollars (\$10) or ten percent (10%) of the Outstanding Balance on the last billing cycle date prior to the date of your Involuntary Unemployment, up to a maximum of twenty thousand dollars (\$20,000).

The maximum amount of all monthly Involuntary Unemployment Insurance benefits for any one period of Involuntary Unemployment is the lesser of:

- the Outstanding Balance on the last Billing Date prior to the date of your Involuntary Unemployment; or
- twenty thousand dollars (\$20,000).

If your Involuntary Unemployment Insurance claim is approved, we will pay the benefit to the Creditor to be applied to the Credit Card.

The claim payment will be pro-rated if a benefit is payable for only a portion of the billing cycle period of the Credit Card.

Charges to the Credit Card during an Involuntary Unemployment Insurance claim period will not change the amount of the Involuntary Unemployment Insurance benefit payable to the Creditor.

You are responsible for payments on the Credit Card until the claim is approved. Thereafter, you remain responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

PROOF OF INVOLUNTARY LOSS OF EMPLOYMENT

In order to qualify for Involuntary Loss of Employment benefits you must verify that you are registered with and receiving benefits from Canada Employment Insurance Commission ("Service Canada"), under the *Employment Insurance Act* (EI).

Registration should begin within fifteen (15) days after the date of Involuntary Unemployment and must continue for the entire period of the payment of benefits so long as you remain eligible for EI benefits, failing which, payments will be suspended until registration or re-registration occurs. Upon our request, you will give proof of your continuing unemployment, that you are receiving benefits from Service Canada, and/or by submitting a form, provided by us, to be signed by you and notarized or commissioned.

REQUIREMENTS

There is a waiting period for Involuntary Unemployment Insurance benefits.

You must be wholly and continuously Involuntary Unemployed for a minimum of thirty (30) consecutive days from the date of your Involuntary Unemployment.

Upon approval of your Involuntary Unemployment claim, your benefit payments will be paid to the Creditor following the end of the waiting period, and are paid retroactively to the start of the last Billing Date prior to the date of your Involuntary Unemployment.

WHEN INVOLUNTARY UNEMPLOYMENT INSURANCE BENEFIT ENDS

Your Involuntary Unemployment Insurance benefits for each claim of Involuntary Unemployment will end on the earliest of the date:

- you return to work, or you engage in any business or occupation for wages or profit;
- you have received benefits equal to the amount of the Outstanding Balance as indicated on the last Billing Date prior to the date of your Involuntary Unemployment;
- you have received benefits equal to twenty thousand dollars (\$20,000); or
- your death.

EXCLUSIONS AND LIMITATIONS

An Involuntary Unemployment Insurance benefit will not be paid if:

- **your Involuntary Unemployment occurs within the first thirty (30) days from the Effective Date;**
- **you have not been Employed by the same employer for three (3) consecutive months immediately before the date of Involuntary Unemployment;**
- **your Involuntary Unemployment was less than thirty (30) consecutive days;**
- **you have not been working a minimum of thirty (30) hours per week on a full time basis, or twenty (20) hours per week on a part time basis immediately before the date of Involuntary Unemployment;**
- **your Involuntary Unemployment occurred before the Effective Date;**
- **you have an approved and non-terminated Disability claim under the Group Policy on the date of Involuntary Unemployment;**
- **you were aged seventy (70) or greater on the last Billing Date prior to the date of your Involuntary Unemployment;**
- **you are terminated by your employer for cause;**
- **you quit or voluntarily end your Employment;**
- **you retire, whether mandatory or voluntary;**

- you had received notice of your pending Involuntary Unemployment prior to applying for insurance;
- you are on maternity or parental leave;
- your Involuntary Unemployment is due to loss of seasonal employment, strikes, lock-outs or other labour disputes;
- your Involuntary Unemployment results from an accident or illness, mental or physical;
- you are Self-Employed;
- you are terminated by your employer as a result of your commission or attempted commission of a criminal offence;
- your work permit has expired or if you are otherwise not legally authorized to work in Canada;
- you were not eligible for coverage under the Group Policy when you applied; or
- the insurance is not in force on the date of Involuntary Unemployment.

ADDITIONAL CHARGES DURING CLAIM PERIOD

Coverage shall not apply to additional charges made during the period for which you are collecting benefits for Involuntary Unemployment coverage under this Group Policy.

RE-ELIGIBILITY

When payments have been completed for a claim for Involuntary Unemployment Insurance Benefits, you must resume Employment for a period of thirty (30) consecutive calendar days to become eligible for a further claim for Involuntary Unemployment Insurance Benefits.

INVOLUNTARY LOSS OF SELF-EMPLOYMENT INSURANCE BENEFIT

For each occurrence of Involuntary Loss of Self-Employment, the monthly Involuntary Loss of Self-Employment is equal to the greater of ten dollars (\$10) dollars or ten percent (10%) of the Outstanding Balance on the last billing cycle date prior to the date of your Involuntary Loss of Self-Employment, up to a maximum of twenty thousand dollars (\$20,000).

The maximum amount of all monthly Involuntary Loss of Self-Employment Insurance benefits for any one period of Involuntary Loss of Self-Employment is the lesser of:

- the Outstanding Balance on the last billing cycle date prior to the date of your Involuntary Loss of Self-Employment; or
- twenty thousand dollars (\$20,000).

If your Involuntary Loss of Self-Employment Insurance claim is approved, we will pay the benefit to the Creditor to be applied to your Credit Card.

The claim payment will be pro-rated if a benefit is payable for only a portion of the billing cycle period of the Credit Card.

Charges to the Credit Card during an Involuntary Loss of Self-Employment Insurance claim period will not change the amount of the Involuntary Loss of Self-Employment Insurance benefit payable to the Creditor.

You are responsible for payments on the Credit Card until the claim is approved. Thereafter, you remain responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

REQUIREMENTS

There is a waiting period for Involuntary Loss of Self-Employment Insurance benefits.

You must have a wholly and continuous Involuntary Loss of Self-Employment for a minimum of ninety (90) consecutive days from the date of your Involuntary Loss of Self-Employment, provided that in the ninety (90) days following the date of your Involuntary Loss of Self-Employment, you are not Employed or Self-Employed. Upon approval of your Involuntary Loss of Self-Employment claim, your benefit payments will be paid to the Creditor following the end of the ninety (90)-day waiting period, and are paid retroactively to the start of the last Billing Date prior to the date of your Involuntary Loss of Self-Employment.

WHEN INVOLUNTARY LOSS OF SELF-EMPLOYMENT INSURANCE BENEFIT ENDS

Your Involuntary Loss of Self-Employment Insurance benefits for each claim of Involuntary Loss of Self-Employment will end on the earliest of the date:

- you return to work, or you engage in any business or occupation for wages or profit;
- you have received benefits equal to the amount of the Outstanding Balance on the last Billing Date prior to the date of your Involuntary Loss of Self-Employment;
- you have received benefits equal to twenty thousand dollars (\$20,000); or
- your death.

EXCLUSIONS AND LIMITATIONS

An Involuntary Loss of Self-Employment Insurance benefit will not be paid if:

- **your Involuntary Loss of Self-Employment occurs within the first thirty (30) days from the Effective Date;**
- **your Involuntary Loss of Self-Employment was less than ninety (90) consecutive days;**
- **you have not been working a minimum of twenty (20) hours per week in a business in which you were at least a fifty percent owner for three (3) consecutive months immediately before the date of your Involuntary Loss of Self-Employment;**
- **your Involuntary Loss of Self-Employment began before the Effective Date;**
- **you have an approved and non-terminated Disability claim under the Group Policy on the date of your Involuntary Loss of Self-Employment;**
- **you were aged seventy (70) or greater on the last billing cycle date of the Credit Card prior to the date of your Involuntary Loss of Self-Employment;**
- **your Involuntary Loss of Self-Employment results from an accident or illness, mental or physical;**
- **your business is closed directly or indirectly due to your commission or attempted commission of a criminal offence;**
- **your work permit has expired or if you are otherwise not legally authorized to work in Canada;**
- **you were not eligible for coverage under the Group Policy when you applied; or**
- **the insurance is not in force on the date of your Involuntary Loss of Self-Employment.**

ADDITIONAL CHARGES DURING CLAIM PERIOD

Coverage shall not apply to additional charges made during the period for which you are collecting benefits for Involuntary Loss of Self-Employment coverage under this Group Policy.

RE-ELIGIBILITY

When payments have been completed for a claim for Involuntary Loss of Self-Employment Benefits, you must resume Self-Employment for a period of ninety (90) consecutive calendar days to become eligible for a further claim for Involuntary Loss of Self-Employment.

DISABILITY INSURANCE BENEFIT

For each occurrence of a Disability, the monthly Disability Insurance benefit is equal to the greater of ten dollars (\$10) or ten percent (10%) of the Outstanding Balance on the last billing cycle date prior to the date your Disability begins, up to a maximum of twenty thousand dollars (\$20,000).

The maximum amount of all monthly Disability benefits for any one period of Disability, including any recurrence of a Disability, is the lesser of:

- the Outstanding Balance on the last billing cycle date prior to the date of your Disability; or
- twenty thousand dollars (\$20,000).

If it is determined you are permanently and Totally Disabled, we may choose, in our sole discretion, to make the monthly payments as provided above or pay to the Creditor the lesser of:

- the Outstanding Balance on the last billing cycle date prior to the date of your Disability; or
- twenty thousand dollars (\$20,000).

If your Disability Insurance claim is approved, we will pay the benefit to the Creditor to be applied to the Credit Card.

The claim payment will be pro-rated if a benefit is payable for only a portion of the billing cycle period of the Credit Card.

Charges to the Credit Card during a Disability Insurance claim period will not change the amount of the Disability Insurance benefit payable to the Creditor.

You are responsible for payments on the Credit Card until the claim is approved. Thereafter, you remain responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

REQUIREMENTS

There is a waiting period for Disability Insurance benefits. For each claim of Disability, you must be wholly and continuously Disabled for a minimum of sixty (60) consecutive days, unless you were Employed at the time of Disability, in which case you must be wholly and continuously Disabled for a minimum of thirty (30) consecutive days.

Your Physician must submit a statement stipulating that you are totally and continuously Disabled and unable to resume Employment or Self-Employment because of your Disability. We may thereafter require additional certification of total and continuous Disability.

Upon approval of your Disability claim, your benefit payments will be paid to the Creditor following the end of the applicable waiting period, and are paid retroactively to the start of the last Billing Date prior to date of your Disability.

If the same or a related Disability recurs within twenty-one (21) consecutive days of recovery or you return to work, your Disability will be treated as a continuation of the same period of Disability but no benefits will be payable for the period you worked. Your benefit payments will begin again without a waiting period and in the same amount as before, after you have provided proof to us of the recurrence of your Disability.

You are responsible for payments on the Credit Card until the claim is approved. Thereafter, you remain responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

WHEN DISABILITY INSURANCE BENEFIT ENDS

Disability Insurance benefits for each claim of Disability will end on the earliest of the date:

- your Disability ends, as determined by us;
- you return to work;
- you are not regularly attended to by a Physician;
- you have received benefits equal to the Outstanding Balance on the last billing cycle date prior to the date of your Disability;
- you have received benefits equal to twenty thousand dollars (\$20,000); or
- your death.

EXCLUSIONS AND LIMITATIONS

A Disability Insurance benefit will not be paid if:

- your Disability occurs within the first thirty (30) days from the Effective Date;
- you were Disabled for less than thirty (30) consecutive days, and were Employed at the time of Disability;
- you were Disabled for less than sixty (60) consecutive days, and were not Employed at the time of Disability;
- you became Disabled before the Effective Date;
- you became Disabled as the result of a Pre-existing Condition;
- you are not regularly attended to by a Physician;
- you have received the Critical Illness Insurance benefit under the Group Policy, and the Critical Illness for which you received the Critical Illness Insurance benefit is the cause of your Disability;
- you have an approved and non-terminated Involuntary Unemployment claim under the Group Policy on the date of Disability;
- you were aged seventy (70) or greater on the last Billing Date prior to the date of Your Disability;
- your Disability results from committing or attempting to commit a criminal offence;
- your Disability results from a mental, nervous, psychological, emotional or behavioural disorder unless you are under the regular and active care of a Physician;
- your Disability results from you attempting suicide;
- your Disability results from intentionally self-inflicted injury, whether or not you are aware of the consequences of your actions, regardless of your state of mind;
- your Disability results from normal pregnancy;

- your Disability results from drug or alcohol abuse, unless you are confined in a Hospital or participating in a rehabilitation program approved by Securian Canada, which started after the Effective Date;
- your Disability results from the use or taking of any narcotic, barbiturate or any other drug by you, unless taken or used as prescribed by a Physician;
- your Disability results from your blood alcohol level being eighty (80) mg of alcohol per one hundred (100) ml of blood or higher;
- you were not eligible for coverage under the Group Policy when you applied; or
- the insurance is not in force on the date of Disability.

ADDITIONAL CHARGES DURING CLAIM PERIOD

Coverage shall not apply to additional charges made during the period for which you are collecting benefits for Disability coverage under this Group Policy.

RE-ELIGIBILITY

When payments have been completed for a claim for Disability Benefits you must resume Employment or Self-Employment for a period of thirty (30) consecutive calendar days to become eligible for a further claim under for Disability Benefits.

CRITICAL ILLNESS BENEFIT

If you are Diagnosed with Cancer, Heart Attack, or Stroke, we will pay the Outstanding Balance to the Creditor. Only one Critical Illness Benefit will be paid to you, and only upon the first Diagnosis of any Critical Illness. We will pay the Outstanding Balance up to a maximum of twenty thousand dollars (\$20,000).

REQUIREMENTS

To be eligible for the Critical Illness Benefits, you must (a) have been insured under this Group Policy for more than sixty (60) days; and (b) be living on the thirty-first (31st) day following the date of Diagnosis of Cancer, Heart Attack or Stroke.

EXCLUSIONS AND LIMITATIONS

A Critical Illness insurance benefit will not be paid if:

- you were aged seventy (70) or greater on the last Billing Date prior to the date of first Diagnosis with Cancer, Heart Attack, or Stroke;
- you were Diagnosed with Cancer, Heart Attack, or Stroke before the Effective Date;
- the Cancer, Heart Attack, or Stroke was the result of a Pre-existing Condition;
- you were not eligible for coverage under the Group Policy when you applied; or
- the insurance is not in force on the date of first Diagnosis with Cancer, Heart Attack, or Stroke.

Exclusions for Cancer

No benefit will be payable under this condition for the following non-life threatening Cancers:

- (1) carcinoma in situ;
- (2) Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or V invasion);
- (3) any non-melanoma skin cancer that has not metastasized;
- (4) Stage A (T1a or T1b) prostate cancer;
- (5) Borderline tumours and carcinoid tumours that have not metastasized; or
- (6) AIDS or related HIV condition.

No benefit will be payable if, within ninety (90) days following the Effective Date, you have any signs, symptoms or investigations that lead to a Diagnosis of Cancer (covered or excluded under the Group Policy), regardless of when the Diagnosis is made, or a Diagnosis of Cancer (covered or excluded under the Group Policy).

The medical information described above must be reported to us within six (6) months of the date of Diagnosis. If this information is not reported, we have the right to deny any claim for Cancer or any Critical Illness caused by any Cancer or its treatment.

Exclusions for Heart Attack

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; or**
- **ECG changes suggesting a prior myocardial infarction, which do not meet the definition of Heart Attack.**

No benefit will be payable if, within ninety (90) days following the Effective Date, you have any signs, symptoms or investigations that lead to a Diagnosis of Heart Attack (covered or excluded under the Group Policy), regardless of when the Diagnosis is made, or a Diagnosis of Heart Attack (covered or excluded under the Group Policy).

The medical information described above must be reported to us within six (6) months of the date of the Diagnosis. If this information is not reported, we have the right to deny any claim for Heart Attack or, any Critical Illness caused by any Heart Attack or its treatment.

Exclusions for Stroke

No benefit will be payable under this condition for:

- **Transient Ischaemic Attacks;**
- **Intracerebral vascular events due to trauma; or**
- **Lacunar infarcts which do not meet the definition of Stroke.**

No benefit will be payable if, within ninety (90) days following the Effective Date, you have any signs, symptoms or investigations that lead to a Diagnosis of Stroke (covered or excluded under the Group Policy), regardless of when the Diagnosis is made, or a Diagnosis of Stroke (covered or excluded under this Policy).

The medical information described above must be reported to us within six (6) months of the date of Diagnosis. If this information is not reported, we have the right to deny any claim for Stroke or any Critical Illness caused by any Stroke or its treatment.

HOSPITALIZATION INSURANCE BENEFIT

The Hospitalization Insurance benefit pays up to two (2) minimum monthly payments equal to the greater of ten dollars (\$10) or ten percent (10%) of the Outstanding Balance on the last billing cycle date prior to the date of your admittance to Hospital, retroactively beginning with the third (3rd) day of Hospitalization due to accident or sickness, up to a maximum of twenty thousand dollars (\$20,000). The Hospitalization Insurance benefit is paid once for each billing cycle period of the Credit Card during which you are Hospitalized, subject to a maximum of two (2) payments per occurrence of Hospitalization.

If your Hospitalization Insurance claim is approved, we will pay the benefit to the Creditor to be applied to the Credit Card.

In the event of multiple occurrences of Hospitalization during a billing cycle period of the Credit Card, only one benefit payment calculated as noted above is payable per billing cycle period.

You are responsible for payments on the Credit Card until the claim is approved. Thereafter, you remain responsible for any amounts owing to the Creditor on the Credit Card that are not paid off by this insurance.

WHEN HOSPITALIZATION BENEFIT ENDS

Your Hospitalization Insurance benefits for each occurrence of Hospitalization will end on the earliest of the date:

- **you have received two (2) benefit payments as described above;**
- **you have received benefits equal to the amount of the Outstanding Balance as indicated on the last billing cycle date prior to the date of your admittance to Hospital; or**
- **you have received benefits equal to twenty thousand dollars (\$20,000).**

EXCLUSIONS AND LIMITATIONS

A Hospitalization Insurance benefit will not be paid if:

- your Hospitalization occurs within the first thirty (30) days from the Effective Date;
- you are receiving Disability, Involuntary Loss of Self-Employment or Involuntary Unemployment benefits under the Group Policy;
- you were aged seventy (70) or greater on the last Billing Date prior to the date of Hospitalization;
- you have already received a Hospitalization Insurance Benefit payment for the Credit Card billing cycle period in which the Hospitalization occurs;
- your Hospitalization results from a Pre-existing Condition;
- your Hospitalization was not due to accidental bodily injury or sickness;
- your Hospitalization is as the result of:
 - Pregnancy, or complications thereof;
 - Intentionally self-inflicted injury;
 - foreign travel or residence;
 - a flight on non-scheduled aircraft; or
 - war or military service;
- you were not eligible for coverage under the Group Policy when you applied; or
- the insurance is not in force on the date of admittance to Hospital.

CLAIMS PROVISIONS

You must provide us with notice of your claim by contacting the customer service office at 1-866-249-0515.

Your claim should be made as soon as possible after the date of death, Involuntary Unemployment, Involuntary Loss of Self-Employment, Disability, Critical Illness or Hospitalization. To the extent permitted by law, notice and proof of a claim must be provided to us within the later of: (a) sixty (60) days of the date of death, Involuntary Unemployment, Involuntary Loss of Self-Employment, Disability, Critical Illness or Hospitalization, or (b) the shortest applicable limit of time established by law in the province in which you reside. Your claim will not be paid if you fail to provide notice and proof of claim within these time periods. We may request additional documentation in order to assess your claim.

Upon request by us, you must provide proof of your continuing Involuntary Unemployment, Involuntary Loss of Self-Employment, Disability each month by submitting a continuing claim form or other document(s) requested by us.

Claim Forms

We will furnish forms for proof of claim within thirty (30) days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the events giving rise to the claim.

Proof of Claim

Written proof of claim satisfactory to us must be furnished to us within ninety (90) days after the date the claim arose. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date the claim arose.

Payment of Claims

All benefits provided for in this Certificate will be paid upon receipt of due proof. No benefit payable under this Certificate shall bear interest.

This Group Policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Settlement of Claims

The Creditor may not act on our behalf in the settlement of claims.

Medical Examination

We at our expense will have the right and opportunity to examine you when and as often as we may reasonably require while a claim is pending under this Certificate.

CHANGES TO THE GROUP POLICY OR CHANGES OF INSURER

The Insurer or Creditor may change the terms of the Group Policy, including this Certificate, at any time. The Insurer or Creditor also have the right to terminate the Group Policy at any time. If required by law, you will be provided with not less than 30 days' prior notice of a change to, or termination of, the Group Policy. The Insurer or Creditor may from time to time elect to change the insurer providing the coverage under the Group Policy. A change of insurer may occur by amending the Group Policy, by assumption reinsurance, transfer or by replacing coverage under the current Group Policy with coverage under a new group policy that is issued by a new insurer on substantially similar terms as the Group Policy. If any such change takes place, your application for this insurance will continue to apply to your new insurance coverage and new insurer. You will be provided with not less than 30 days' notice of the change. The notice will tell you the date the change is to be effective, and any changes to (i) the cost of insurance, (ii) the insurance benefits, or (iii) the other terms and conditions of insurance. If the notice directs you to make claims or certain categories of claims only against a particular insurer, you agree not to make any such claims against any other insurer. The terms of the notice become a part of the Certificate of Insurance.

GENERAL PROVISIONS

Entire Contract

Your Certificate is furnished in accordance with and subject to the terms of the Group Policy. It is not part of the Group Policy but evidence of the insurance provided under the Group Policy. The application, the Group Policy, and any document attached to the Group Policy when issued, and any amendment to the Group Policy agreed upon in writing after it is issued constitutes the entire contract. No agent has authority to change the contract or waive any of its provisions.

Currency

All references to dollars in this Certificate mean Canadian dollars.

Payment of Premium

All insurance premiums due by the terms of the Group Policy shall be paid by the Creditor to our Head Office on or prior to the day they are due.

If at any time the Creditor refuses to accept such payments and pay to us the insurance premium for you, you must pay such insurance premium directly to our Head Office on or prior to the day it is due.

Expiry of the Group Policy

The expiry of the Group Policy or of one of its provisions shall not be opposable to any claim which occurred during the period in which the Group Policy is in effect.

Interest

No benefit payable under this Certificate shall carry interest.

Legal Actions

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* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Resident of Saskatchewan, New Brunswick, Nova Scotia, Newfoundland, P.E.I., Yukon, Northwest Territories and Nunavut: No legal action may be brought against us unless it is brought within the longer of: (a) twelve (12) months from the date you are notified in writing that no benefits are payable; or (b) the shortest applicable limit of time established by law in the province in which you reside.

Time Limitations

If any time limitation specified in this Certificate for giving Notice of Claim or furnishing Proof of Claim or commencing legal action is less than that permitted by the law of the province or territory in which you reside at the time this Certificate is issued, then the time limitation will not be less than that provided for by such provincial or territorial.

Waiver

We shall be deemed not to have waived any condition of this Certificate either in whole or in part, unless the waiver is clearly expressed in writing signed by us.

Clerical Error

A clerical error in the records relative to this insurance shall not invalidate insurance or cause insurance to be in force or to continue in force. Upon discovery of such error an equitable adjustment shall be made in the insurance premium.

Governing Law

This Certificate shall be governed by and interpreted in accordance with the laws of the Province or Territory of your residence within Canada.

Additional Information

Should you require more information about your insurance, please contact us at 1-866-249-0515, or write to:

Securian Canada
PO Box 914, Station A
Toronto, Ontario M5W 1G5

How to make a complaint?

Your satisfaction with our services is our top priority. We are committed to addressing your concerns quickly, confidentially, and respectfully.

If you are not satisfied with an experience you have had with us, please contact our Customer Experience team at 1-844-894-0378. We are available Monday-Friday, 8am-7pm, ET.

If you still need assistance after completing the above, you may contact our Ombudsperson at escalations@securiancanada.ca. After we receive your formal complaint, we will acknowledge your request in two (2) business days.

Access to documents (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec)

You or any claimant may request a copy of your application, any written evidence of insurability and the Group Policy (other than confidential commercial information or other information exempted from disclosure by applicable law).

Language

This Certificate has been drawn up in the English Language at Your request. À votre demande, le présent certificat a été rédigé en anglais.

Respecting your privacy

Respecting your privacy is a priority for Securian Canada. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, and other agents, government agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the

information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit <http://www.securiancanada.ca/privacy-statement>.

In Witness Whereof, Securian Canada has caused this Certificate to be issued.



Corporate Secretary



Chief Executive Officer